A. BUILDING:	D.C	
	R-C	
HAL055009 B. WING	02/17/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
THE APPROON OF LINCOLNITON 440 SALEM CHURCH ROAD		
THE ADDISON OF LINCOLNTON LINCOLNTON, NC 28092		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D 000} Initial Comments The Adult Care Licensure Section conducted a follow-up survey on February 15 - 17, 2022. {D 000} • D358 – In service training for all Medication Aide staff members and agency Med Aide staff to be held by the Health and Wellness	started	
Director / Executive Director or Designee intially. On going in service will be held monthly to ensure understanding for existing Medication Aides and new hires to be held monthly to ensure understanding for existing Medication Aides and new hires to be held by the Health and Wellness Director/Executive Director or Designee. Training will consist of the proper protocol for ordering resident (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION The Type A2 Violation is abated. Non-compliance continues. TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 4 of 5 sampled residents (#1, #2, #4, and #5) related to not administering medications for dementia, witamin D deficiency, stroke prevention and depression (Resident #4); for anxiety, mild to moderate pain, high blood pressure, dementia, and high cholesterol (Resident #2); and for mild to moderate pain (Resident #2); and for mild to moderate pain (Resident #1).	g ill s 3/16/22	
The findings are:		

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

TITLE Executive Director, II (X6) DATE 3/25/22

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		D.C
		HAL055009	B. WING		R-C 02/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
THE ADD	SON OF LINCOLNTON		I CHURCH RO ON, NC 28092		
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Review of the facility's -It was the policy of the all medications that the ordered by their physis -The licensed nurse of orders and reorders for pharmacyMedications will be of be requested when 5 in the package. 1. Review of Resident 02/10/22 revealed dia Alzheimer's dementia heart failure, and type a. Review of Resident 02/10/22 revealed and (used to treat dement bedtime, scheduled for the strength of the scheduled for the scheduled	s medication policy revealed: ne community to administer ne residents receive as ician. or designee will fax new for medications to the redered on demand and will days of medications are left t #4's current FL2 dated agnoses included , acute diastolic congestive all diabetes. t #4's current FL2 dated order for donepezil 10mg ia) take 1 tablet daily at or 8:00pm.	{D 358}	Weekly audits will be conduby the Health and Wellness Director and / or the Reside Care Coordinator and will continue until there are thre consecutive weeks of no discrepancies at which time audits will be adjusted to a bi-weekly schedule. All admissions effective 3/1 be notified of the community medication policy which star all medication ordered by a physician not on site will be ordered through our primary pharmacy and billed to the responsible party should the medication not be provided timely fashion to ensure compliance.	ongoing nt e the will // 3/1/22 tes
	11/11/21 revealed an take 1 tablet daily at be Review of Resident # electronic medication (eMAR) revealed: -There was an entry for tablet daily at bedtimes -Donepezil 10mg was administered at 8:00p 12/21/21, 12/22/21, 12/31/21The reason the medical was documented as E	4's December 2021 administration record or donepezil 10mg, take 1 e, scheduled for 8:00pm. documented as not om on 12/11/21, 12/20/21, 2/24/21, 12/30/21, and cation was not administered DNG (drug not given) for nd 12/22/21, and OTH and with a dash (-) on			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
		D WING		R-		
		HAL055009	B. WING		02/1	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		I CHURCH RO			
	OLUMBA DV OT		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	2	{D 358}			
{D 356}	Review of Resident #revealed: -There was an entry fitablet daily at bedtime-Donepezil 10mg was administered at 8:00p 01/29/22, 01/30/22 ar-The reason the medi was documented as E 01/02/22 and 01/30/2 available) on 01/28/22 (charted in error) on 0 Review of Resident #revealed: -There was an entry fitablet daily at bedtime-Donepezil 10mg was administered at 8:00p 02/10/22, 02/11/22, 02/16/22, and 02/17/2-The reason the medi was documented as E 02/03/22, 02/04/22, 0.02/14/22, and with a 02/15/22, 02/16/22, ard Telephone interview opharmacy technician pharmacy revealed R 10mg was dispensed quantity 30 tablets an tablets. Observation on 02/17 #4's medications available.	d's January 2022 eMAR or donepezil 10mg, take 1 e, scheduled for 8:00pm. documented as not om on 01/02/22, 01/28/22, and 01/31/22. cation was not administered DNG (drug not given) for 2, and DNA (drug not 2 and 01/29/22, and with CE 01/31/22. d's February 2022 eMAR for donepezil 10mg, take 1 e, scheduled for 8:00pm. documented as not om on 2/03/22, 02/04/22, 22/12/22, 02/14/22, 02/15/22, 22. cation was not administered DNA (drug not available) for 2/10/22, 02/11/22, and dash (-) on 02/12/22, nd 02/17/22 at 8:43am with a from the facility's contracted esident #4's donepezil to the facility on 11/23/21, d on 01/02/22, quantity 30	{U 358}			
	#4's medications avai	llable for administration o donepezil 10mg available				

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Interview on 02/17/22 at 10:30am with the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BOILDING	A. BUILDING:		
		HAL055009	B. WING			R-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE	•	
			EM CHURCH ROA			
THE ADD	SON OF LINCOLNTON	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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page	3	{D 358}			
		revealed Resident #4 had pezil for the past 3 days.				
	and Wellness Directo	at 11:30am with the Health r (HWD) revealed Resident be delivered today from the				
	the Pharmacist at the pharmacy revealed w	hen a resident was not zil 10mg for 14 days, they				
	02/10/22 revealed an (used to treat vitamin	t #4's current FL2 dated order for Vitamin D 1.25mg D deficiency) take 1 be weekly, scheduled for				
		4's physician order dated order for Vitamin D 1.25mg uth once weekly.				
	capsule once weekly, -Vitamin D 1.25mg wa administered at 8:00a -The reason the medi	administration record or Vitamin D 1.25mg take 1 scheduled for 8:00am. as not documented as				
	revealed: -There was an entry f capsule once weekly,	4's January 2022 eMAR or Vitamin D 1.25mg take 1 scheduled for 8:00am. as not documented as				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				R-C	
		HAL055009	B. WING		02/17/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF LINCOLNTON		M CHURCH RO TON, NC 28092		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 4	{D 358}		
	was documented as I 01/03/22 and DNA (d 01/31/22. Review of Resident # revealed: -There was an entry f capsule once weekly, -Vitamin D 125mg wa administered at 8:00a -The reason the medi	cation was not administered DNG (drug not given) on rug not available) on 4's February 2022 eMAR for Vitamin D 1.25mg take 1 scheduled for 8:00am. is documented as not			
	Telephone interview on 02/17/22 at 8:43am with a pharmacy technician from the facility's contracted pharmacy revealed: -Resident #4's Vitamin D 1.25mg was dispensed to the facility on 11/18/21, quantity 4 capsules and on 01/12/22, quantity 4 capsulesThe Vitamin D that was dispensed to the facility on 01/12/22 was returned to the pharmacy by the facility.				
	Observation on 02/17/22 at 10:30am of Resident #4's medications available for administration revealed there was no Vitamin D 1.25mg available for administration on the medication cart. Interview on 02/17/22 at 10:30am with the medication aide (MA) revealed Resident #4 did not have Vitamin D on the medication cart, because it was a once weekly medication and was sent by the pharmacy right before it was due.				
	Interview on 02/17/22	at 11:30am with the Health			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055009	B. WING		R-C 02/17/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDISON OF LINCOLNTON		M CHURCH RO ON, NC 28092		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
#4's Vitamin D would be 02/18/22, from the pharmacist at the final pharmacy revealed when administered Vitamin December 102/10/22 revealed and (used to prevent stroke tablet daily, scheduled review of Resident #4 11/11/21 revealed and 1 tablet daily. Review of Resident #4 medication administrate revealed: -There was an entry for tablet daily, scheduled -Aspirin 81mg was not administered at 8:00 and 02/05/22, 02/11/22, 02 -The reason document why the medication was listed as DNG (drug no 02/04/22 and DNA (drug 02/05/22, 02/11/22, 02 -Telephone interview or pharmacy revealed Rewas dispensed to the formal content was dispensed to the f	(HWD) revealed Resident be delivered on Friday, armacy. In 02/17/22 at 12:10pm with facility's contracted then a resident was not D 1.25mg for 3 weeks, they vitamin D levels. #4's current FL2 dated order for aspirin 81mg e and heart attacks) take 1 for 8:00am. It's physician order dated order for aspirin 81mg take It's February 2022 electronic tion record (eMAR) For aspirin 81mg, take 1 for 8:00am. It documented as m on 02/01/22, 02/04/22, 21/12/22, and 02/14/22. Itted on the eMAR regarding as not administered was not administered was not given) for 02/01/22 and ug not available) for 21/12/22, and 02/14/22. In 02/17/22 at 8:43am with a rom the facility's contracted esident #4's aspirin 81mg	{D 358}		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SUR		
ANDILAN	or Connection	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL055009	B. WING		R-C 02/17 /	2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON	440 SALEN	I CHURCH RO	AD		
THE ADDI	SON OF EMOCENTON	LINCOLNT	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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 6	{D 358}			
	Observation on 02/17 #4's medications avail	7/22 at 10:30am of Resident lable for administration bubble pack of aspirin 81mg I dated 02/12/22 and				
	the Pharmacist at the pharmacy revealed w administered aspirin 8	on 02/17/22 at 12:10pm with facility's contracted then a resident was not almg for several days, they k for heart attacks and				
	02/10/22 revealed an	t #4's current FL2 dated order for sertraline 50mg sion) take 0.5 tablet daily r 8:00am.				
		4's physician order dated order for sertraline 50mg) daily.				
	medication administrative revealed: -There was an entry for tablet daily (25mg), so a sertraline 50mg was administered at 8:00a 02/11/22, 02/12/22, and a commented as E 02/01/22, 02/04/22, and available) on 02/11	for sertraline 50mg take 0.5 cheduled for 8:00am. not documented as am on 02/01/22, 02/04/22, nd 02/14/22. Ication was not administered DNG (drug not given) on nd 02/14/22 and DNA (drug 1/22 and 02/12/22.				
	pharmacy technician pharmacy revealed R was dispensed to the	on 02/17/22 at 8:43am with a from the facility's contracted esident #4's sertraline 50mg facility on 12/15/21 for d on 02/12/22 for quantity				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
HAL055009		A. BUILDING: _			, (
		HAL055009	B. WING			R-C / 17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		M CHURCH RO			
			TON, NC 28092			<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page	÷ 7	{D 358}			
	30 tablets.					
	#4's medications avairevealed there was a 50mg with a pharmac directions to take 0.5 Telephone interview of the Pharmacist at the pharmacy revealed wadministered sertralin may have increased at Interview on 02/17/22 medication aide (MA) not had any recent be Attempted telephone	on 02/17/22 at 12:10pm with facility's contracted hen a resident was not e 75mg for five days, they anxiety and mood changes.				
	Interview on 02/17/22 #4 revealed: -She took the medica by the MAsShe was not aware it medications in the pa					
	Refer to interview on the Health and Wellne	02/15/22 at 10:25am with ess Director (HWD).				
	-	rerview on 02/15/22 at rmacy technician from the narmacy.				
	Refer to interview on	02/16/22 at 2:30pm with a				

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medication aide (MA).

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
		A. BUILDING: _		R-	C	
		HAL055009	B. WING		1	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		M CHURCH RO			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
{D 358}	Continued From page	e 8	{D 358}			
		erview on 02/17/22 at acy technician from the narmacy.				
	Refer to interview on another medication a	02/17/22 at 10:30am with de (MA).				
		on 02/17/22 at 12:22pm /ellness Director (HWD).				
	Refer to interview on the Resident Care Co	02/17/22 at 12:45pm with ordinator (RCC).				
	Refer to the telephone 12:48pm with the Adr	e interview on 02/17/22 at ninistrator.				
	Refer to interview on third medication aide	02/17/22 at 2:40pm with a (MA)				
	06/18/21 revealed dia	t #5's current FL2 dated ignoses included dementia jes, high blood pressure, epression.				
	06/18/21 revealed an	t #5's current FL2 dated order for Seroquel 50mg) take 1.5 tablets (75mg)				
		administration record or Seroquel 50mg take 1.5 daily, scheduled for 8:00am tablets) was not				
	12/08/21 and 12/30/2					ļ ļ

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-The reason the medication was not administered

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		71. BOILBING.		R-C		
HAL055009		B. WING		02/17/2022		
NAME OF PI	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE	
{D 358}	Continued From page	9	{D 358}			
	was documented with 12/08/21 and 12/30/2					
	revealed: -There was an entry f	5's February 2022 eMAR or Seroquel 50mg take 1.5 daily, scheduled for 8:00am				
	and 8:00pmSeroquel 50mg (1.5	tablets) was documented as				
		:00am on 02/04/22 and pm on 02/04/22, 02/06/22				
	was documented as I 02/04/22 and 02/06/2	cation was not administered DNG (drug not given) on 2 and DNA (drug not 2, 02/05/22 and 02/09/22.				
	#5's medications avairevealed there was a	/22 at 3:23pm of Resident lable for administration bubble pack of Seroquel by label dated 02/08/22 and tablets twice daily.				
	pharmacy technician pharmacy revealed R (1.5 tablets) was disp	on 02/17/22 at 8:43am with a from the facility's contracted esident #5's Seroquel 50mg ensed to the facility on nd on 02/08/22 for a 30 day				
	the Pharmacist at the pharmacy revealed w	hen a resident was not el 50mg for several days,				
	,	at 1:00pm with a revealed Resident #5 had				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
	HAL055009		B. WING		R-0 02/1 7	C 7/ 2022
	ROVIDER OR SUPPLIER SON OF LINCOLNTON	440 SALEI	DRESS, CITY, STA MICHURCH 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	08/03/21 revealed an (used to treat mild to tablets three times date of tablets three date of tablets three times date of tablets three date of tablets date of tablet	t #5's physician order dated order for Tylenol 325mg moderate pain) take 2 iily. 5's December 2021 administration record for Tylenol 325mg take 2 iily, scheduled for 8:00am, documented as not om on 12/09/21, 12/17/21, documented as not om on 12/08/21, 12/10/21, reation was not administered in a dash (-) mark for 1, and as DNG (drug not 2/17/21, and 12/19/21, and iilable) on 12/10/21. 5's January 2022 eMAR for Tylenol 325mg take 2 iily, scheduled for 8:00am, documented as not om on 01/11/22 and documented as not om on 01/04/22, 01/11/22, documented as not om on 01/10/22, 01/11/22, documented as not om on 01/10/22, 01/11/22, documented as not om on 01/10/22, 01/11/22,	{D 358}	DEFICIENCY)		
		cation was not administered DNG (drug not given) on				

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01/04/22, 01/11/22 at 8am and 2pm, and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
		HAL055009 B. WING		R- 02/1	C 7/2022	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDIS	ON OF LINCOLNTON		I CHURCH RO ON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	Observation on 02/16/45's medications avairevealed there were 3/325mg with a pharma directions to take 2 ta Telephone interview of pharmacy technician is obarmacy revealed R was dispensed to the 01/13/22, and on 02/0 each time. Telephone interview of the Pharmacist at the pharmacy revealed was dispensed to the 01/13/22, and on 02/0 each time. Telephone interview of the Pharmacist at the pharmacy revealed was dispensed to treat they may have increated. Review of Resident 06/18/21 revealed and 125mg (used to treat 1 tablet twice daily. Review of Resident # medication record (eM There was an entry for tablet twice daily, school of the component	2pm, and as DNA (drug not 2, 01/11/22, 01/12/22, and // 22 at 3:23pm of Resident lable for administration bubble packs of Tylenol cy label dated 02/06/22 and blets three times daily. In 02/17/22 at 8:43am with a from the facility's contracted esident #5's Tylenol 325mg facility on 11/29/21, 16/22 for a 30 day supply In 02/17/22 at 12:10pm with facility's contracted hen a resident was not 325mg for several days, sed pain. If #5's current FL2 dated order for carvedilol at high blood pressure) take	{D 358}	DEFICIENCY		

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 449 SALEM CHURCH ROAD LINCOLATION, NC 28992 [MAJ ID PREFIX ISON OF LINCOLATION DESCRIPTIONS BEFORESCED BY YILL REGULATORY OR LISO DESTRIPTIONS BEFORESCED BY YILL REGULATORY OR LISO DESTREMENT OF DESCRIPTIONS BEFORESCED BY YILL REGULATORY OR LISO DESTREMENT OR PROPRIATE DATE OF DESCRIPTION BEFORESCED BY YILL REGULATORY OR LISO DESTREMENT OR PROPRIATE DATE OR APPROPRIATE DATE OF DESCRIPTION BEFORESCED BY YILL REGULATORY OR LISO DESTREMENDED BEFORESTION BY YILL REGULATORY OR LISO DESCRIPTION BY YILL REGULATORY OR PROVIDED BEFORESTION. TELEPHONE DATA OR PROVIDED BETOR TOR NOT BETOR TOR YILL REGULATORY OR PROVIDED BETOR TOR YILL REGULATORY OR PROVIDED BY YILL REGULATORY OR PROVIDED BY YILL REGULATORY	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER SITREET ADDRESS. CITY. STATE, ZIP CODE 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092 [PA] ID SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) MUST BE PRECEDED SES TAG (EACH DEFICIENCY MUST BE PRECEDED SES TAG (EACH DEFICIENCY) (D 358) Continued From page 12 (D 358) Telephone interview on 02/16/22 at 3:23pm of Resident #5's medications available for administration revealed there was a bubble pack of carvedilol 3.125mg was dispensed to the facility sontracted pharmacy revealed Resident #5's carvedilol 3.125mg was dispensed to the facility on 01/03/22 quantity 30 tablets, and on 02/14/22 quantity 30 tablets, and on 02/14/22 quantity 30 tablets, and on 02/14/22 quantity 30 tablets, and heart rate. Telephone interview on 02/17/22 at 12:10pm with the Pharmacyir evealed when a resident was not administered carvedilol 3.125mg for several days, they may have increased blood pressure and heart rate. d. Review of Resident #5's current FL2 dated 06/18/21 revealed an order for donepezil 10mg (used to treat dementia) take 1 tablet at bedtime. Review of Resident #5's December 2021 electronic medication administration record (eMAR) revealed:	AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
THE ADDISON OF LINCOLNTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO TAKE PROPERLY TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (D 358) Continued From page 12 Observation on 02/16/22 at 3:23pm of Resident #5's medications available for administration revealed there was a bubble pack of carvediiol 3.125mg with a pharmacy label dated 02/14/22 and directions to take 1 tablet twice daily. Telephone interview on 02/17/22 at 8:43am with a pharmacy revealed Resident #5's carvediiol 3.125mg was dispensed to the facility on 01/03/22 quantity 32 tablets. Telephone interview on 02/17/22 at 12:10pm with the Pharmacist at the facility's contracted pharmacy revealed when a resident was not administered carvediiol 3.125mg for several days, they may have increased blood pressure and heart rate. d. Review of Resident #5's current FL2 dated 06/18/21 revealed an order for donepezil 10mg (used to treat dementia) take 1 tablet at bedtime. Review of Resident #5's December 2021 electronic medication administration record (eMAR) revealed:			HAL055009	B. WING		1	22
(A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) {D 358} Continued From page 12 Observation on 02/16/22 at 3:23pm of Resident #5's medications available for administration revealed there was a bubble pack of carvediiol 3.125mg with a pharmacy label dated 02/14/22 and directions to take 1 tablet twice daily. Telephone interview on 02/17/22 at 8:43am with a pharmacy revealed Resident #5's carvediiol 3.125mg was dispensed to the facility on 01/03/22 quantity 60 tablets, and on 02/14/22 quantity 32 tablets. Telephone interview on 02/17/22 at 12:10pm with the Pharmacist at the facility's contracted pharmacy revealed when a resident was not administered carvediiol 3.125mg for several days, they may have increased blood pressure and heart rate. d. Review of Resident #5's current FL2 dated 06/18/21 revealed an order for donepezil 10mg (used to treat dementia) take 1 tablet at bedtime. Review of Resident #5's December 2021 electronic medication administration record (eMAR) revealed:	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) (D 358) (D 358) (D 358) Continued From page 12 Observation on 02/16/22 at 3:23pm of Resident #5's medications available for administration revealed there was a bubble pack of carvedilol 3.125mg with a pharmacy label dated 02/14/22 and directions to take 1 tablet twice daily. Telephone interview on 02/17/22 at 8:43am with a pharmacy technician from the facility's contracted pharmacy revealed Resident #5's carvedilol 3.125mg was dispensed to the facility on 01/03/22 quantity 32 tablets, and on 02/14/22 quantity 32 tablets. Telephone interview on 02/17/22 at 12:10pm with the Pharmacist at the facility's contracted pharmacy revealed when a resident was not administered carvedilol 3.125mg for several days, they may have increased blood pressure and heart rate. d. Review of Resident #5's current FL2 dated 06/18/21 revealed an order for donepezil 10mg (used to treat dementia) take 1 tablet at bedtime. Review of Resident #5's December 2021 electronic medication administration record (eMAR) revealed:	THE ADD	SON OF LINCOLNTON					
Observation on 02/16/22 at 3:23pm of Resident #5's medications available for administration revealed there was a bubble pack of carvedilol 3.125mg with a pharmacy label dated 02/14/22 and directions to take 1 tablet twice daily. Telephone interview on 02/17/22 at 8:43am with a pharmacy technician from the facility's contracted pharmacy revealed Resident #5's carvedilol 3.125mg was dispensed to the facility on 01/03/22 quantity 80 tablets, and on 02/14/22 quantity 32 tablets. Telephone interview on 02/17/22 at 12:10pm with the Pharmacist at the facility's contracted pharmacy revealed when a resident was not administered carvedilol 3.125mg for several days, they may have increased blood pressure and heart rate. d. Review of Resident #5's current FL2 dated 06/18/21 revealed an order for donepezil 10mg (used to treat dementia) take 1 tablet at bedtime. Review of Resident #5's December 2021 electronic medication administration record (eMAR) revealed:	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE CO	MPLETE
-There was an entry for donepezil 10mg take 1 tablet at bedtime -Donepezil 10mg was documented as not administered at 8:00pm on 12/08/21, 12/20/21, 12/22/21, 12/23/21, 12/24/21, 12/27/21, 12/29/21, 12/30/21 and 12/31/21. -The reason the medication was not administered was documented with a dash (-) mark on 12/08/21 and 12/30/21, and as DNA (drug not available) on 12/20/21, 12/22/21, 12/23/21, 12/24/21, 12/27/21, 12/29/21, and 12/31/21. Review of Resident #5's January 2022 eMAR	{D 358}	Observation on 02/16 #5's medications avairevealed there was a 3.125mg with a pharmand directions to take Telephone interview of pharmacy technician pharmacy revealed R 3.125mg was dispens 01/03/22 quantity 60 quantity 32 tablets. Telephone interview of the Pharmacist at the pharmacy revealed wadministered carvedil they may have increase heart rate. d. Review of Resident # electronic medication (eMAR) revealed: -There was an entry for tablet at bedtime -Donepezil 10mg was administered at 8:00p 12/22/21, 12/23/21, 1 12/30/21 and 12/31/2 -The reason the medication was documented with 12/08/21 and 12/30/2 available) on 12/20/2 12/24/21, 12/27/21, 1	s/22 at 3:23pm of Resident illable for administration bubble pack of carvedilol macy label dated 02/14/22 at 1 tablet twice daily. 20 02/17/22 at 8:43am with a from the facility's contracted resident #5's carvedilol sed to the facility on tablets, and on 02/14/22 20 00 02/17/22 at 12:10pm with facility's contracted rhen a resident was not ol 3.125mg for several days, resed blood pressure and 21 #5's current FL2 dated order for donepezil 10mg ria) take 1 tablet at bedtime. 25's December 2021 administration record 26 documented as not record 27 administration record 28 documented as not record 29 and 12/08/21, 12/20/21, 12/24/21, 12/27/21, 12/29/21, 1. 20 at adash (-) mark on 1, and as DNA (drug not 1, 12/22/21, 12/31/21, 12/29/21, and 12/31/21.	{D 358}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDIEAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL055009	B. WING		R-C 02/17/2022	
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDIS	SON OF LINCOLNTON		MI 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}	tablet at bedtimeDonepezil 10mg was administered at 8:00p 01/05/22, 01/06/22, 0 01/11/22, 01/106/22, 0 01/11/22, 01/12/22 ar -The reason the medi was documented as [01/3/22, 01/4/22, 01/00/09/22, 01/10/22, 0 01/13/22. Observation on 02/16 #5's medications avairevealed there was a 10mg with a pharmac directions to take 1 tallow the second of the pharmacy revealed R 10mg was dispensed 01/13/22, and on 02/0 each time. Telephone interview of the Pharmacist at the pharmacy revealed wadministered donepermay have increased in e. Review of Residen 06/18/21 revealed an (used to treat high cheditime. Review of Resident #	for donepezil 10mg take 1 s documented as not om on 01/3/22, 01/4/22, 1/08/22, 01/09/22, 01/10/22, ad 01/13/22. cation was not administered DNA (drug not available) on 05/22, 01/06/22, 01/08/22, 1/11/22, 01/12/22 and s/22 at 3:23pm of Resident slable for administration bubble pack of donepezil by label dated 02/04/22 and blet at bedtime. on 02/17/22 at 8:43am with a from the facility's contracted sesident #5's donepezil to the facility on 11/11/21, 05/22 for a 30 day supply on 02/17/22 at 12:10pm with facility's contracted then a resident was not zil 10mg for 19 days, they mood changes. t #5's current FL2 dated order for simvastatin 10mg olesterol) take 1 tablet at	{D 358}			

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	JRVEY	
AND BLANCE CORRECTION IN IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLE	.IED	
R-C	0	
D WING	7/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
THE ADDISON OF LINCOLNTON		
LINCOLNTON, NC 28092		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D 358} Continued From page 14 {D 358}		
-There was an entry for simvastatin 10mg take 1 tablet at bedtimeSimvastatin 10mg was documented as not administered at 8:00pm on 12/08/21, 12/20/21, 12/22/21, 12/23/21, 12/24/21, 12/26/21, 12/		

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each time.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C	
		HAL055009	B. WING		02/17	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDISON OF LINCOLNTON			M CHURCH RO			
			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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	÷ 15	{D 358}			
	the Pharmacist from the pharmacy revealed we administered simvast may have increased I. Attempted telephone Physician Assistant (Fewas unsuccessful.) Refer to interview on the Health and Wellner Refer to telephone into 11:01am with the pharmacility's contracted phere in the second ph	interview with Resident #5's PA) on 02/17/22 at 8:29am 02/15/22 at 10:25am with eas Director (HWD). derview on 02/15/22 at rmacy technician from the narmacy. 02/16/22 at 2:30pm with a rerview on 02/17/22 at acy technician from the narmacy. 02/17/22 at 10:30am with ide (MA). on 02/17/22 at 12:22pm //ellness Director (HWD). 02/17/22 at 12:45pm with pordinator (RCC).				
	Refer to interview on third medication aide	02/17/22 at 2:40pm with a (MA)				

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DIVISION	n riedilli Service Negu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
AND FLAN	F CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLI	=160
		UAL 055000	B. WING		R-	
		HAL055009	5		02/1	7/2022
NAME OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA			
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 SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	2 16	{D 358}			
	3. Review of Resident 08/15/21 revealed a d hypersomnolence.	t #2's current FL2 dated diagnosis of improved				
	12/22/21 revealed an	2's Physician's order dated order for Doxepin 10mg ia and anxiety) scheduled at				
	at bedtime, scheduled -Doxepin HCl 10mg h -Doxepin HCl 10mg w	administration record or Doxepin HCl 10mg, take d for 9:00pm. and a start date of 12/29/21. was documented as				
	Review of Resident #. revealed: -There was an entry for at bedtime, scheduled: -Doxepin HCl 10mg wadministered at 9:00p	vas documented as om from 01/01/22-01/18/22. vas documented as held				
	revealed: -An entry for Doxepin scheduled for 9:00pm	vas documented as held				
	revealed she could no she took because she	at 9:30am with Resident #2 of recall all the medications had many medications.				
	Observation on 02/16	1/22 at 3:42nm of Resident	1	1		1

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#2's medications available for administration

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092 (X4) ID PREFIX (EACH DEPICIENCY MUST BE PRECIDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEPICIENCY) (DATE OF There was a bubble pack of Doxepin HCl 10mg with a pharmacy label and instructions to take one capsule at bedtime. -There were 30 capsules in the bubble pack. Interview on 02/16/22 at 4:00pm with a medication aide (MA) revealed: -She could not find Doxepin HCl 10mg scheduled on the eMAR and decided to ask the Health and Wellness Director (HWD) for assistance. Interview on 02/16/22 at 4:45pm with the HWD revealed: -She called the pharmacy to investigate why Doxepin HCl 10mg did not show up on the eMAR. -The pharmacy informed her Doxepin HCl 10mg was scheduled once daily at bedtime and	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
THE ADDISON OF LINCOLNTON 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCISS PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 17 revealed: -There was a bubble pack of Doxepin HCI 10mg with a pharmacy label and instructions to take one capsule at bedtime. -There were 30 capsules in the bubble pack. Interview on 02/16/22 at 4:00pm with a medication aide (MA) revealed: -She was from a staffing agency and started working at the facility about 2 weeks ago. -She could not find Doxepin HCI 10mg scheduled on the eMAR and decided to ask the Health and Wellness Director (HWD) for assistance. Interview on 02/16/22 at 4:45pm with the HWD revealed: -She called the pharmacy to investigate why Doxepin HCI 10mg did not show up on the eMAR. -The pharmacy informed her Doxepin HCI 10mg		HAL055009 B. WING		1	022		
CALCE SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET A			TE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 17 revealed: -There was a bubble pack of Doxepin HCl 10mg with a pharmacy label and instructions to take one capsule at bedtime. -There was 70 capsules in the bubble pack. Interview on 02/16/22 at 4:00pm with a medication aide (MA) revealed: -She was from a staffing agency and started working at the facility about 2 weeks ago. -She could not find Doxepin HCl 10mg scheduled on the eMAR and decided to ask the Health and Wellness Director (HWD) for assistance. Interview on 02/16/22 at 4:45pm with the HWD revealed: -She called the pharmacy to investigate why Doxepin HCl 10mg did not show up on the eMAR. -The pharmacy informed her Doxepin HCl 10mg	THE ADD	SON OF LINCOLNTON					
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 17 revealed: -There was a bubble pack of Doxepin HCl 10mg with a pharmacy label and instructions to take one capsule at bedtimeThere were 30 capsules in the bubble pack. Interview on 02/16/22 at 4:00pm with a medication aide (MA) revealed: -She was from a staffing agency and started working at the facility about 2 weeks agoShe could not find Doxepin HCl 10mg scheduled on the eMAR and decided to ask the Health and Wellness Director (HWD) for assistance. Interview on 02/16/22 at 4:45pm with the HWD revealed: -She called the pharmacy to investigate why Doxepin HCl 10mg did not show up on the eMARThe pharmacy informed her Doxepin HCl 10mg		CLIMMADY CT				<u> </u>	
revealed: -There was a bubble pack of Doxepin HCl 10mg with a pharmacy label and instructions to take one capsule at bedtimeThere were 30 capsules in the bubble pack. Interview on 02/16/22 at 4:00pm with a medication aide (MA) revealed: -She was from a staffing agency and started working at the facility about 2 weeks agoShe could not find Doxepin HCl 10mg scheduled on the eMAR and decided to ask the Health and Wellness Director (HWD) for assistance. Interview on 02/16/22 at 4:45pm with the HWD revealed: -She called the pharmacy to investigate why Doxepin HCl 10mg did not show up on the eMARThe pharmacy informed her Doxepin HCl 10mg	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE C	OMPLETE
recommended she refresh her computer screen. -The HWD was able to see Doxepin HCl on the eMAR, after refreshing her computer screen, but was unsure why the medication had been held from 02/01/22-02/15/22. Telephone interview on 02/17/22 at 12:00pm with the Pharmacist at the facility's contracted pharmacy revealed: -Doxepin HCl 10mg was dispensed on 12/28/21 and 01/23/22 for 30 tablets each time. -The pharmacy did not have an order to hold the medication from Resident #2's Physician and was not aware that Resident #2's Doxepin HCl 10mg had been held for 28 days. -The pharmacy was not able to see what the facility documented on their eMARs. -The order was written on 12/23/21 due to	{D 358}	revealed: -There was a bubble with a pharmacy labe one capsule at bedtin -There were 30 capsule at late one of the was from a staff working at the facility -She was from a staff working at the facility -She could not find Do on the eMAR and dec Wellness Director (HV Interview on 02/16/22 revealed: -She called the pharm Doxepin HCI 10mg di -The pharmacy inform was scheduled once recommended she re-The HWD was able the eMAR, after refreshin was unsure why their from 02/01/22-02/15/3 Telephone interview of the Pharmacist at the pharmacy revealed: -Doxepin HCI 10mg ward 01/23/22 for 30 target -Doxepin HCI 10mg ward 01/23/22 for 30 targ	pack of Doxepin HCI 10mg I and instructions to take ne. ules in the bubble pack. at 4:00pm with a revealed: ing agency and started about 2 weeks ago. oxepin HCI 10mg scheduled cided to ask the Health and ND) for assistance. at 4:45pm with the HWD nacy to investigate why d not show up on the eMAR. ned her Doxepin HCI 10mg daily at bedtime and fresh her computer screen. to see Doxepin HCI on the g her computer screen, but nedication had been held 22. on 02/17/22 at 12:00pm with facility's contracted vas dispensed on 12/28/21 ablets each time. ot have an order to hold the dent #2's Physician and was ent #2's Doxepin HCI 10mg days. not able to see what the n their eMARs.	{D 358}			

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-Resident #2 could have experienced increased

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					R-	_
		HAL055009	B. WING		1	7/2022
		TIAE033009			02/1	112022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		440 SALE	M CHURCH RO	AD		
THE ADDI	SON OF LINCOLNTON	LINCOLN	TON, NC 28092	2		
	CLIMMA DV CT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
{D 358}	Continued From nego	. 10	{D 358}			
{D 220}	Continued From page	÷ 10	{D 330}			
	anxiety or loss of slee	p due to the missed				
	medication.					
	Interview on 02/17/22	at 10:30am with Resident				
	#2 revealed she had i	not slept well for the last 3-4				
	nights.					
	Interview on 02/17/22 at 1:00pm with a MA revealed Resident #2 appeared more tired this					
	week.					
	Interview on 02/17/22 at 12:40pm with the HWD					
	revealed:					
	-She was not aware F	Resident #2's Doxepin HCl				
	10mg was held for 28	days.				
	-The Doxepin HCl 10	mg did not show up as a				
	missed medication or	n her daily medication report.				
	-The facility did not ha	ave a Physician's order to				
	hold the medication.					
	-She was not sure wh	no put the hold order on the				
	eMAR.					
	Interview on 02/17/22	•				
	Resident Care Coord	inator (RCC) revealed:				
	-She did a medication	n cart audit approximately				
	once a month.					
	-She was not aware F	Resident #2's Doxepin HCl				
	10mg was held for 28	days.				
		interview on 02/17/22 at				
	9:50am with Resident	t #2's Physician was				
	unsuccessful.					
		02/15/22 at 10:25am with				
	the Health and Wellne	ess Director (HWD).				
		terview on 02/15/22 at				
		rmacy technician from the				
	facility's contracted ph	harmacy.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 % BOILDING		R-C	
		HAL055009	B. WING		02/17/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDISON 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	: 19	{D 358}			
	Refer to interview on medication aide (MA)	02/16/22 at 2:30pm with a				
		erview on 02/17/22 at acy technician from the narmacy.				
	Refer to interview on medication aide (MA)	02/17/22 at 10:30am with a				
		on 02/17/22 at 12:22pm /ellness Director (HWD).				
	Refer to interview on the Resident Care Co	02/17/22 at 12:45pm with ordinator (RCC).				
	Refer to the telephone 12:48pm with the Adn	e interview on 02/17/22 at ninistrator.				
	Refer to interview on medication aide (MA)	02/17/22 at 2:40pm with a				
	02/09/22 revealed dia	t #1's current FL2 dated gnoses included of the L3 vertebra and an				
	revealed: -There was an entry f spread topically to lef scheduled at 8:00am, -Lidocaine HCl cream not administered 8 tin	or lidocaine HCl cream 4% teg three times per day 2:00pm and 8:00pm. 4% was documented as nes between 02/01/22 and ication not being available.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL055009	B. WING		02/17/2022	
					1 02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	,		
THE ADDISON OF LINCOLNTON			I CHURCH RO			
		LINCOLNI	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	e 20	{D 358}			
	-The medication was 02/01/22 at 8:00am, 0 02/04/22 at 8:00pm, 0	not administered on				
		at 10:50am with Resident				
	#1 revealed: -He experienced a lot of pain and tight muscles due to a fall in January 2022. -He could not remember refusing or missing					
	applications of lidocaine HCl cream.					
	Telephone interview on 02/16/22 at 11:01am with a pharmacy technician at the facility's contracted					
		docaine HCl cream 4% with topically to left leg three				
		spensed on 01/10/22 and				
	02/04/22 for 2.7 oz bo					
	Interview on 02/16/22 at 4:00pm with a medication aide (MA) revealed: -She recalled some residents being out of					
		ginning of February 2022				
		if Resident #1 was out of				
	the lidocaine HCl crea					
		nacy to request a refill when				
	a resident was out of	a medication.				
		on 02/17/22 at 12:00pm with acility's contracted pharmacy				
	revealed the lidocaine					
	prescribed to treat pa					
		e caused the resident				
	Attempted telephone 8:44am with Resident unsuccessful.	interview on 02/17/22 at t #1's Physician was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL055009	B. WING		R-C 02/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-
	440 SALI				
THE ADDISON OF LINCOLNTON			TON, NC 28092		
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTIO	N (Y5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	21	{D 358}		
	dated 01/20/22 revea Pain Relief Gel-Patch	t #1's Physician's order led an order for Salonpas Hot Patch 0.025-1.25%, lly to back area for pain emove at 7:00pm.			
	medication administrative revealed: -There was an entry for External Patch 0.025-	or Salonpas Gel-Patch Hot 1.25%, apply 1 patch to			
	remove at 7:00pm. -Salonpas Gel-Patch				
	0.025-1.25% had a st -Salonpas Gel-Patch 0.025-1.25% was doc on 01/24/22 and 01/2	Hot External Patch cumented as administered			
	-Salonpas Gel-Patch 0.025-1.25% was doo administered on 01/22				
	01/26/22, 01/28/22-01 available to administe	1/31/22 due to not being er.			
	revealed:	1's February 2022 eMAR			
	External Patch 0.025-	or Salonpas Gel-Patch Hot ·1.25%, apply 1 patch to once daily at 7:00am and			
	-Salonpas Gel-Patch 0.025-1.25% was doo	cumented as not			
	administered on 02/0 available to administe -Salonpas Gel-Patch	er. Hot External Patch			
	0.025-1.25% was doo from 02/02/22-02/03/2 -Salonpas Gel-Patch				
	0.025-1.25% applicati				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL055009		B. WING		R-C 02/17/20	22
THE ADDISON OF LINCOLNTON 440 SALE			DRESS, CITY, STA M CHURCH RO FON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CC	(X5) DMPLETE DATE
{D 358}	O2/04/22Salonpas Gel-Patch 0.025-1.25% was doc 02/04/22-02/14/22. Interview on 02/17/22 #1 revealed: -He experienced a lot due to a fall in Januar -He could not rememi the Salonpas Gel-Pate Telephone interview of a pharmacy technicia pharmacy revealed: -The pharmacy receiv for Salonpas Gel-Pate 0.025-1.25%, apply 1 back once daily at 7:0 7:00pmThe medication was 36 patchesShe thought the medication was 16 patchesShe thought the medication was 17:00pmThe medication was 18:44am with Resident unsuccessful. Refer to interview on the Health and Wellne Refer to telephone int 11:01am with the pha facility's contracted place	and remove at 8:00am on Hot External Patch rumented as administered at 10:50am with Resident of pain and tight muscles by 2022. Der when he started using ches. on 02/16/22 at 11:01am with on at the facility's contracted and order dated 01/20/22 ch Hot External Patch patch to area of pain on one and remove at dispensed on 01/29/22 for dication was dispensed late interview on 02/17/22 at at #1's Physician was 02/15/22 at 10:25am with cess Director (HWD). derview on 02/15/22 at rmacy technician from the onarmacy. 02/16/22 at 2:30pm with a	{D 358}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
						R-C
		HAL055009	B. WING			2/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE ADD	SON OF LINCOLNTON		EM CHURCH ROA	D		
	- LINGULATION	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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	23	{D 358}			
		erview on 02/17/22 at acy technician from the narmacy.				
	Refer to interview on another medication ai	02/17/22 at 10:30am with de (MA).				
		on 02/17/22 at 12:22pm /ellness Director (HWD).				
	Refer to interview on the Resident Care Co	02/17/22 at 12:45pm with ordinator (RCC).				
	Refer to the telephone 12:48pm with the Adn	e interview on 02/17/22 at ninistrator.				
	Refer to interview on third medication aide	02/17/22 at 2:40pm with a (MA)				
	and Wellness Director -A dash in the column for as needed (PRN) -When a medication v discontinued or replace -The facility could enter eMARs during the we	on the eMAR was typically medications not given. was grayed out it was ced by a new order. er medications on the ekend then the pharmacy facility's entry and create				
	the pharmacy technic contracted pharmacy -The pharmacy was n eMARThe pharmacy entered eMAR and the facility -The facility was able	revealed: ot able to view the facility's ed the medications on the verified them.				

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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	
			A. BOILDING		R-C	
HAL055009		B. WING	B. WING		22	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADD	SON OF LINCOLNTON	440 SALE	M CHURCH RO	AD		
THE ADD	- LINGOLINION	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	(X5) MPLETE DATE
{D 358}	Continued From page	24	{D 358}			
	pharmacy to remove a medication from the eMAR. -Sometimes the physician's office would fax the pharmacy directly with orders. Interview on 02/16/22 at 2:30pm with a medication aide (MA) revealed: -She had worked in the facility for 2 years. -The MAs were responsible to fax refill requests to the pharmacy or physician. -DNA and DNG on the eMAR meant the resident was out of a medication and that a refill was needed. -A refill should be sent to the facility within 12-24 hours, if there was a delay beyond 24 hours, the MAs would follow-up with the pharmacy, and then notify the RCC of the delay. Telephone interview on 02/17/22 at 8:43am with a pharmacy technician from the facility's contracted pharmacy revealed: -The facility was not currently on cycle fill. -The facility had to manually fax request for refills					
	Interview on 02/17/22 MA revealed -The MAs were responsible packsThe MA was to remote the bubble pack and packed to the pharmacy when the bubble pack and packed to the pharmacy when the bubble pack and packed to the pharmacy when the packed to the pharmacy when the packed to the pharmacy when the pharmacy was also packed to the pharmacy when the pharmacy was also packed to the	Il residents' medications. It at 10:30am with a another Insible to request refills from There were 5-7 doses left on Inve a pharmacy label from The place it on a sheet of paper The place it on a sh				

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are on the cart and the HWD or RCC are

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I LAN OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
HAL055009		B. WING		R-C 02/17/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDISON OF LINCOLNTON	440 SALEN	CHURCH RO	AD		
THE ADDICON OF EMODERICA	LINCOLNT	ON, NC 28092			
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358} Continued From page	e 25	{D 358}			
expected to audit one -During a medications were lab expiration dates of m the medications on the medication cart binder and the HWD frequently to review f the pharmacy, if need -The MAs were expecalling the pharmacy need. -If a resident was out expected to contact the ask for medication from before documenting the pharmacy of the medication from before documenting the pharmacy need. -If a resident was out expected to contact the ask for medication from before documenting the pharmacy need. -The MA was also expected to contact the administer and send physician to alert the -The HWD had not be recent missed medications on that recent missed medications on that recent medications are recent medications.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 expected to audit once a week. -During a medication cart audit staff looked at the dates medications were opened, made sure medications were labeled correctly, looked at the expiration dates of medications and compared the medications on the cart to the medications that were scheduled on the electronic medication administration record (eMAR). -The medication cart audit forms were kept in a binder and the HWD looked at the forms frequently to review findings and follow up with the pharmacy, if needed. -The MAs were expected to refill medications, by calling the pharmacy, whenever there was a need. -If a resident was out of a medication, the MA was expected to contact the pharmacy for a refill and ask for medication from the back up pharmacy before documenting "did not administer". -The MA was also expected to alert the supervisor if the medication was not available to administer and send a message to the residents' Physician to alert them of the missed medication. -The HWD had not been made aware of any recent missed medications for anyone in the facility. -She checked a missed medication report daily and did not recall seeing any recent missed medications on that report. Interview on 02/17/22 at 12:45pm with the RCC				

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Telephone interview on 02/17/22 at 12:48pm with

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
	HALOEFOOO B. WING			R-C		
		HAL055009	B. WIING		02/17/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		M CHURCH RO			
	I		TON, NC 28092		T	
(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	26	{D 358}			
	the Administrator reve	alad.				
		CC were responsible for				
	completing cart audits					
		nedule for the cart audits.				
		macy's Registered Nurse				
	_ ·	audits each month, but she				
	, , ,	ey had been completed.				
	-The HWD was respo	nsible to keep up with those				
	audits.					
	-She was not aware o					
		istration for the sampled				
	residents.					
		e supply issues with the				
		obtaining medications.				
	audits.	aff to keep records of cart				
		As, RCC, and HWD to				
		nere was a two week supply				
	left on the medication					
	-She was not aware it	f the physician had been				
	notified of the missed medications.					
	Interview on 02/17/22 at 2:40pm with a third MA revealed the MAs should request a refill when there was one week of medications left on the bubble pack.					
	The facility failed to e	nsure medications were				
		red by a licensed prescribing				
		npled residents (Resident				
	#1, #2, #4, and #5) which resulted in a resident not administered medications for dementia, increasing the risk for cognitive changes; vitamin D deficiency, increasing the risk for decreased vitamin D levels; stroke prevention, increasing the					
		re prevention, increasing the leart attack; and depression,				
		ncreased depression (#4); a				
		ered medications for anxiety,				
		mood changes; mild to				

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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		R-C 02/17/2022
	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 358}	pain levels; high blood risk for high blood pre rate; dementia, increased changes; and high chin increased lipid lever administered a medicinsomnia, which could anxiety or loss of sleet administered medicat result in increased pawas detrimental to the of the residents and oviolation. The facility provided a accordance with G.S. this violation.	could result in increased d pressure, increasing the essure and changes in heart asing the risk for cognitive olesterol which could result els (#5); a resident not eation for anxiety and d have resulted in increased ep (#2); and a resident not eions for pain, which could in levels (#1). This failure el health, welfare and safety constitutes a Type B	{D 358}		
{D912}	G.S. 131D-21 Declar Every resident shall he 2. To receive care an adequate, appropriate relevant federal and stregulations. This Rule is not met Based on observation reviews, the facility fareceived care and set appropriate, and in control of the control of th	e, and in compliance with state laws and rules and	{D912}	An in service / training will conducted effective 3/3 inition for all staff members to include agency staff. The training will be conducted by the Execur Director and / or the Health and Wellness Director or Designee. There will be an ongoing training scheduled monthly for all staff member to ensure all new hires are properly trained and have understanding for residents rights.	ally 3/26 ude vill tive

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
				R-C			
HAL055009			B. WING		02/17/2	2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
THE ADD	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)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
{D912}	Continued From page	28	{D912}				
{D812}	The findings are: Based on observation reviews, the facility fawere administered as prescribing practitione residents (#1, #2, #4, administering medica D deficiency, stroke p (Resident #4); for any high blood pressure, cholesterol (Resident insomnia (Resident #1). [F	ns, interviews, and record iled to ensure medications ordered by a licensed er for 4 of 5 sampled and #5) related to not tions for dementia, vitamin revention and depression kiety, mild to moderate pain, dementia, and high	{D812}	All assisted living residents a their responsible party will rea notification outlining resider responsible party will receive same notification outlining residents rights effective 3/26 new admissions effective 3/17 receive notification regarding residents rights. A poster will displayed in a prominent area the building outlining resident rights for all to notate upon entrance of the community.	ceive int lent's the 3. All will be a of		

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