STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey and complaint investigation from 05/10/22 through 05/13/22 and on 05/16/22 through 05/17/22 with an exit on 05/17/22 via telephone.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure there were no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) for 1 of 3 sampled staff (Staff B). The findings are: Review of Staff B's, personal care aide (PCA), personnel record revealed: -Staff B was hired on 10/20/21. -There was no HCPR check completed upon hire available for review in her personnel record. -There was a HCPR check completed on 05/16/22 with no substantiated findings. Telephone interview with Staff B on 05/13/22 at 9:55am revealed: -She was hired in October 2021 as a PCA and then transferred to the housekeeping department in December 2021.	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	Continued From page 1 -The Administrator at the time or Resident Care Coordinator (RCC) told her they completed a HCPR check on her when she was hired in October 2021. -She did not know where it was filed and who would have been responsible to keep personnel records. Interview with the Administrator on 05/16/22 at 1:50pm revealed: -The Business Office Manager (BOM) was responsible for ensuring HCPR checks were completed on staff upon hire. -The facility did not currently have a BOM and had just hired an RCC two weeks ago so she had completed all required HCPR checks on new employees. -She assumed all staff had the HCPR check completed at the time of hire by the previous BOM or Administrator. -She became the Administrator at the facility in April 2022 and had not had time to audit personnel records for required HCPR checks. -The facility had hired a new BOM to begin 05/17/22 who would be responsible to complete HCPR checks and audit personnel records for required new hire documents.	D 137		
D 168	10A NCAC 13F .0508 Assessment Training 10A NCAC 13F .0508 Assessment Training The person or persons designated by the administrator to perform resident assessments as required by Rule .0801 of this Subchapter shall successfully complete training on resident assessment established by the Department before performing the required assessments. Registered nurses are exempt from the	D 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 2	D 168		

assessment training. The instruction manual on resident assessment is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or it is available at the cost of printing and mailing from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

This REQUIREMENT is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure the individual preparing the care plan assessment had obtained training to identify the care needs of 4 of 6 sampled residents (Residents #1, #2, #4 and #5) who required assistance with Activities of Daily Living (ADLs).

The findings are:

1. Review of Resident #1's current FL2 dated 04/07/22 revealed:
-Diagnoses included cerebral ischemia, vascular dementia, hypertension, chronic kidney disease stage 4, gastroesophageal reflux disease, hypothyroidism, abdominal aortic aneurysm, chronic obstructive pulmonary disease, coronary artery disease, dependency on oxygen and depression.
-The resident was constantly disoriented.
-The resident was semi-ambulatory and incontinent of bladder and bowel.
-The resident required personal care assistance with bathing, feeding and dressing.
-The recommended level of care was skilled nursing facility (SNF).

Review of Resident #1's Resident Register

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 3 revealed the resident was admitted to the facility on 03/07/22. Review of Resident #1's Care Plan dated 04/14/22 revealed: -Section #1 of the assessment for medications was not completed. -There was a handwritten note "see attached meds" with nothing attached to the care plan. -There was documentation the resident required supervision with eating, toileting, ambulation, bathing, dressing, groom/personal hygiene and transferring. -The section that included Licensed Health Professional Support (LHPS) was left blank -The assessor certification and signature of the assessor was left blank. -The Care Plan was signed by the Primary Care Provider (PCP) on 04/14/22. Review of Resident #1's personal care assistance log for March 2022 revealed: -The resident required staff assistance with meals, bathing oral care, grooming, toileting, dressing, and ambulation/mobility. -There was documentation staff aided the resident as required from 03/22/22 through 03/31/22. -Staff documented they provided personal needs, however the care plan documented the resident only needs supervision. Review of Resident #1's personal care assistance log for April 2022 revealed: -The resident required staff assistance with meals, bathing oral care, grooming, toileting, dressing, and ambulation/mobility. -There was documentation staff assisted the resident as required from 04/01/22 through 04/15/22.	D 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 4 -Staff documented they provided personal needs, however the care plan documented the resident only needs supervision. Review of a home health agency note dated 03/08/22 revealed: -Someone must assist the resident with grooming and eating. -The resident was entirely dependent on facility staff for dressing, bathing, toileting, ambulation and transferring. Review of a home health note dated 03/28/22 revealed Resident #1 was unable to sit on the side of the bed or feed herself. Interview with the scheduler/medication aide (MA) on 05/16/22 at 12:03pm revealed: -She prepared the care plan for Resident #1. -She had not received training on how to complete the care plans. -She did not know how the codes were or what they represented. -She thought that a number 1 meant the resident was totally dependent upon staff for their ADL needs. -She did not know how to assess the residents' or how to use the care plan form. -She realized the facility was behind doing some residents' care plans and she wanted to help out. -Resident #1 was totally dependent on staff for all ADL needs with the exception of eating. -The resident was able to feed herself but needed help and assistance with setting up the tray, cutting up food, opening containers, placing utensils on the tray and putting the tray directing in front of the resident. -Resident #1 wore an incontinent brief and never used the call bell to ask for staff assistance with toileting.	D 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 5	D 168		

-The resident was unable to roll from side to side for staff to clean her when providing incontinent care and would tell staff she was weak and could not roll her body from side to side.
-The resident was supposed to be checked at least every two hours for incontinent care.
-Resident #1 was unable to sit or stand and was totally dependent upon staff for ambulation and transferring.
-The resident received bed baths and was totally dependent on staff for bathing.
-The resident was totally dependent on staff for dressing because she was unable to move her body and would often say she was in pain when moved.
-The resident required oxygen continuously.
-After Resident #1 was in the facility for one to two weeks she noticed the resident was anxious and had a fear of falling.
-She also noticed the resident care needs were too heavy for the facility staff.
-The previous Executive Director/Administrator assessed the resident prior to admission and was aware of the heavy care needs.
-The Resident Care Coordinator (RCC) was responsible for completing care plans.
-The previous RCC left the end of March 2022 and she had to take on the responsibilities as much as she was capable.

Interview with a personal care aide (PCA) on 05/16/22 at 1:26pm revealed:
-Resident #1 was totally dependent on facility staff for care needs.
-The resident was unable to ambulate and transfer herself.
-The resident depended on staff for incontinent care needs, bathing, dressing and grooming.
-The resident would sometimes feed herself, but staff had to cut up food, set-up utensils and place

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 6	D 168		

the food directly in front of the resident.
-The PCAs did not have access to care plans.
-When a new resident came to the facility, the MA or another PCA told her what to do for the resident.

Interview with Resident #1's Primary Care Provider (PCP) on 05/12/22 at 9:30am revealed:
-She was unaware when Resident #1 was admitted to the facility.
-She was made aware of the resident's presence in the facility on 04/07/22, when a home health nurse asked her to assess the resident.
-When she assessed the resident, she identified the resident's ADL needs were greater than assisted living and the resident was totally dependent upon staff for the majority of her ADLs.
-Resident #1's care needs were totally dependent on staff for all ADLs including eating.
-The resident also had two stage 2 ulcers on her buttock that were not being treated.
-She told the Administrator that she was going to upgrade the resident to skilled nursing.
-When she signed the care plan she did not realize nor was she made aware that the care plan assessed the resident as only needing supervision with ADLs.

Interview with the Corporate Nurse (CN) on 05/16/22 at 5:10pm revealed:
-She was a registered nurse (RN) and was in the facility to help until an RCC was hired.
-She was not aware that care plans needed to be completed.
-She did not complete care plans for any residents at the facility.

Interview with the Occupational Therapist (OT) on 05/17/22 at 7:30pm revealed:
-Resident #1 was unable to get out of bed without

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 7	D 168		

assistance.
-She would have to physically move the resident.
-The resident was a 2 to 3 person assist with ambulation, transferring, toileting and dressing.

Telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm revealed:
-The facility had a turnover in management staff.
-The current RCC had been in the facility for one week.
-The care plan should be completed as required by the rules and by the appropriate person.
-The CN was in the facility to help out when the facility did not have an RCC.
-He did not know why the care plans were not completed.
-Prior to admitting a resident to the facility, an assessment should be done to determine if the facility could meet the needs of the resident.

Refer to interview with the Scheduler/MA on 05/13/22 at 11:40am.

Refer to interview with the Administrator on 05/16/22 at 1:05pm.

Refer to telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm.

2. Review of Resident #4's current FL2 dated 04/07/22 revealed:
-Diagnoses included obesity, acute myocardial infarction, hyperlipidemia, hypertension, type 2 diabetes mellitus and chronic obstructive pulmonary disease.
-The resident was intermittently disoriented,
-The resident was semi-ambulatory using a wheelchair.
-The resident was incontinent of bladder and bowel.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 8 Review of Resident #4's previous FL2 dated 01/05/22 revealed: -Diagnoses included renal insufficiency, hyponatremia, hypomagnesemia, sacral decubiti, chronic obstructive pulmonary disease, diabetes type 2, hypertension, hyperlipidemia, mental illness and obesity. -The resident required extensive assistance with ambulation, transferring, toileting and bathing. -The resident required limited assistance with dressing. -The resident was independent with eating and continent with bladder and bowel. Review of the Resident Register revealed the resident was admitted to the facility on 01/11/22. Review of Resident #4's Care Plan dated 04/14/22 revealed: -Section one of the assessment for medications was not completed. -There was a handwritten note "see attached meds" but there was nothing attached to the care plan. -There was documentation Resident #4 required limited assistance with eating, toileting, ambulation, bathing, dressing, groom/personal hygiene and transferring. -The section that included Licensed Health Professional Support (LHPS) was left blank. -The assessor certification and signature of the assessor was left blank. -The care plan was signed by the PCP on 04/14/22. Observation on 05/10/22 at 9:55am of Resident #4 revealed: -The resident was non-ambulatory. -The resident did not walk but used a wheelchair	D 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 9 to move around throughout the facility. Interview with Resident #4 on 05/10/22 at 9:58am revealed: -She previously had a stroke and had weakness in her legs. -She needed staff assistance with showering only and that was to wash her back. -She was able to get herself from the wheelchair to the bed without staff assistance. -When she got up out of the bed, there was no staff present; she transferred herself independently. -She used the toilet without staff assistance. -She was independent with eating. -She took herself downstairs to the dining room for meals. -She was able to cut-up her food and consumed meals without staff assistance. -Staff did not assist her with showering other than washing her back. -She was independent with grooming and dressing. Interview with the scheduler/medication aide (MA) on 05/16/22 at 12:23pm revealed: -She prepared Resident #4's care plan. -She had not received training on how to complete the care plans. -She did not know how to code residents using the numbers listed on the care plan form. -She thought that a number 2 meant the resident required extensive assistance with ADLs. -She did not know how to assess the resident or how to use the care plan form. -She realized the facility was behind completing some of the residents' care plans and she wanted to help by completing the care plans. -She thought Resident #4 required extensive assistance because she was in a wheelchair.	D 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 10	D 168		

-She had not physically assessed the resident or observed the resident performing ADLs listed on the care plan.

Interview with a personal care aide (PCA) on 05/16/22 at 1:32pm revealed:
-Resident #4 was in a wheelchair and was able to do a lot for herself.
-The resident was independent in all ADLs and only required supervision with showers.

Interview with Resident #4's PCP on 05/12/22 at 9:48am revealed:
-When she signed Resident #4's care plan she did not realize nor was she made aware how the care plan assessed the resident.
-Resident #4 was very knowledgeable and although the resident was in a wheelchair she was capable of doing things independently.
-The resident was able to transfer and toilet herself without staff assistance.
-She was sure Resident #4 was able to dress/groom herself and go to meals without assistance.

Refer to interview with the Scheduler/MA on 05/13/22 at 11:40am.

Refer to interview with the Administrator on 05/16/22 at 1:05pm.

Refer to telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm.

3. Review of Resident #2's current FL2 dated 04/07/22 revealed:
-Diagnoses included epilepsy, major depressive disorder, and anxiety disorder.
-She was intermittently disoriented.
-She needed personal care assistance with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 11	D 168		

bathing and dressing and was incontinent of bladder and bowel.
-She was semi-ambulatory with the use of a wheelchair.

Review of Resident #2's Care Plan dated 04/13/22 revealed:
-She was independent with eating and ambulation/locomotion.
-She required extensive assistance with toileting and transferring.
-She was totally dependent on staff for bathing, dressing, and grooming/personal hygiene.
-The primary care provider (PCP) signed and dated the Care Plan but there was no date or signature for the assessor.

Observation of Resident #2 on 05/11/22 at 11:40am revealed:
-She was sitting in a wheelchair in her bedroom.
-She had use of her arms and was able to gesture while talking.

Interview with Resident #2 on 05/11/22 at 11:42am revealed she was able to eat and complete grooming independently but needed staff (did not specify how many) to help her with bathing, toileting, transfers and sometimes propelling her in her wheelchair if she was going a far distance.

Telephone interview with Resident #2's power of attorney (POA) on 05/11/22 at 2:25pm revealed:
-Resident #2 was not able to stand up by herself most of the time; she required two staff to help with transfers, or one staff if she had a grab bar to hold on to.
-She had great upper body strength and was able to brush her hair and teeth or wash her face without help.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 12	D 168		

Interview with Resident #2's primary care provider (PCP) on 05/12/22 at 9:30am revealed Resident #2 needed staff assistance with transfers, toileting and mobility but was not totally dependent on staff for anything.

Interview with a personal care aide (PCA) on 05/13/22 at 10:00am revealed:
-Resident #2 depended on staff to help with bathing, dressing, and transfers but she was able to help stand up.
-She was independent with brushing her hair and teeth, and with eating.

Refer to interview with the Scheduler/medication aide (MA) on 05/13/22 at 11:40am.

Refer to interview with the Administrator on 05/16/22 at 1:05pm.

Refer to telephone interview with the facility Owner on 05/17/22 at 4:20pm.

4. Review of Resident #5's current FL2 dated 04/07/22 revealed:
-Diagnoses included Type 2 diabetes, major depressive disorder, anxiety and nightmare disorder.
-She was intermittently disoriented
-She needed personal care assistance with bathing and dressing and was incontinent of bladder and bowel.
-She was semi-ambulatory with the use of a wheelchair.

Review of Resident #5's care plan dated 04/14/22 revealed:
-She required limited assistance with bathing, dressing, and grooming/personal hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 13	D 168		

-She was totally dependent on staff for eating, toileting, ambulation/locomotion and transferring.
-The primary care provider (PCP) signed and dated the Care Plan but there was no date or signature for the assessor.

Observation of Resident #5 on 05/10/22 at 12:30pm revealed:
-She was sitting in her wheelchair outside of the dining room.
-She was able to use her arms to propel her wheelchair into the dining room.
-She ate lunch independently.

Interview with a medication aide (MA) on 05/11/22 at 11:15am revealed:
-Resident #5 was independent with transfers, propelling herself in her wheelchair, toileting, and eating.
-Resident #5 sometimes needed help with incontinence care and bathing but with limited staff assistance.
-She did not know who was responsible for completing resident care plans.

Interview with a second MA on 05/11/22 at 3:00pm revealed:
-Resident #5 required limited assistance with showers and toileting.
-She was independent with eating and propelling herself in her wheelchair.
-She was not totally dependent on staff for any of her care needs.

Interview with a personal care aide (PCA) on 05/13/22 at 9:25am revealed:
-Resident #5 needed supervision with dressing.
-She was independent with eating, transfers, propelling herself in her wheelchair, and toileting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 14 Interview with the Scheduler/MA on 05/13/22 at 11:40am revealed: -She did not think that she had been the person who completed the care plan for Resident #2. -Resident #2 did not have any recent changes to her condition. -Resident #2 needed staff assistance with transfers, toileting and ambulation/use of her wheelchair. Attempted interview with Resident #5 on 05/13/22 at 1:20pm was unsuccessful. Refer to interview with the Scheduler/MA on 05/13/22 at 11:40am. Refer to interview with the Administrator on 05/16/22 at 1:05pm. Refer to telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm. _____ Interview with the Scheduler/MA on 05/13/22 at 11:40am revealed: -She had been responsible for the duties of the Resident Care Coordinator (RCC) up until a week prior when they hired the new RCC. -Part of the RCC responsibilities were to complete care plans. -She and the previous Administrator had worked together to update care plans for everyone in the facility. -She had not been trained on how to properly complete care plans. -The care plans she completed, she did not sign the bottom because she did not know that she was supposed to. Interview with the Administrator on 05/16/22 at 1:05pm revealed:	D 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 168	Continued From page 15 -She was hired as the Administrator about one month prior. -She was not aware that the Scheduler had been completing care plans for residents and had not had any training. -She was aware that training was required for the person who was responsible for completing resident care plans. Telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm revealed he expected care plans to be completed accurately by either the RCC or the Administrator after a face-to-face assessment had been completed.	D 168		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#4) had completed tuberculosis (TB) testing in compliance with the control measures for the Commission for Health Services.	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 16 The findings are: Review of Resident #4's current FL2 dated 04/07/22 revealed diagnoses included obesity, acute myocardial infarction, hyperlipidemia, hypertension, type 2 diabetes mellitus and chronic obstructive pulmonary disease. Review of Resident #4's Resident Register revealed the resident was admitted to the facility on 01/11/22. Review of Resident #4's hospital discharge summary report dated 01/11/22 revealed a tuberculin skin test (purified protein derivative/PPD) was placed on 01/10/22. Review of Resident #4's record revealed: -There was no documentation the TB skin test that was applied on 01/10/22 had been read. -There was no documentation the resident had received another TB skin test since admission to the facility. Interview with Resident #4 on 05/17/22 at 4:16pm revealed: -She recalled while in the hospital a TB skin test was placed. -She did not remember getting the results of the test because the next day she came to the facility. -She had not received a TB skin test since she came to the facility. Interview with the Scheduler/medication aide (MA) on 05/16/22 at 11:40am revealed: -The previous Administrator and the Marketing Manager were responsible for obtaining TB skin tests when new residents were admitted to the facility.	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 17 -She did not know if Resident #4 had a TB skin test placed and read. Telephone interview with the Owner/Licensee on 05/17/22 at 4:20am revealed: -TB skin tests should be obtained prior to admission to the facility. -If the TB skin test was not read prior to admission to the facility, the facility should have had the TB skin test read within the required time frame and the results documented in the resident's record. -He expected all residents to have at least one TB skin test placed upon admission. -The previous Administrator was a Registered Nurse and was able to read the TB skin tests, he was not sure why that was not done. Telephone interview with the marketing manager on 05/16/22 at 4:57pm revealed: -She started working at the facility 01/04/22. -She would not have been responsible for making sure Resident #4 had a TB skin test. -A resident would not be allowed to come into the facility unless they had a TB skin test placed. -The results should be documented in the resident's record. Telephone interview with the Marketing Manager on 05/17/22 at 11:49am revealed: -She contacted the hospital that discharged Resident #4 and was unable to validate if the resident had been administered a TB skin test. -She was not sure if the resident had a TB skin test prior to or upon admission to the facility because when the resident was admitted to the facility she had just started working at the facility. The previous facility Administrator was not available for interview.	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, record reviews and interviews, the facility failed to provide personal care assistance for 1 of 6 sampled residents (#1) related to incontinence care. The findings are: Review of Resident #1's current FL2 dated 04/07/22 revealed: -Diagnoses included cerebral ischemia, vascular dementia, hypertension, chronic kidney disease stage 4, gastroesophageal reflux disease, hypothyroidism, abdominal aortic aneurysm, chronic obstructive pulmonary disease, coronary artery disease, dependency on oxygen, and depression. -The resident was constantly disoriented. -The resident was semi-ambulatory and incontinent of bladder and bowel. -The resident required personal care assistance with bathing, feeding and dressing. -The recommended level of care was skilled nursing facility (SNF).	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 19 Review of Resident #1's previous FL2 dated 03/07/22 revealed: -Diagnoses included cerebral ischemia, vascular dementia, occlusion and stenosis, chronic kidney disease and solitary pulmonary nodules. -The resident was intermittently disoriented, semi-ambulatory using a wheelchair to self-propel. -The resident was incontinent of bladder and bowel. -There were orders for physical (PT) and occupational (OT) therapy. -The recommended level of care was assisted living facility. Review of Resident #1's Care Plan dated 04/14/22 revealed the resident was assessed as needing supervision only with eating, toileting, ambulation, bathing, dressing, groom/personal hygiene and transferring. Review of Resident #1's personal care assistance log for March 2022 revealed: -The resident required staff assistance with meals, bathing, oral care, grooming, toileting, dressing and ambulation/mobility. -There was documentation staff provided hands on personal care once daily per shift from 03/22/22 through 03/31/22. Review of Resident #1's personal care assistance log for April 2022 revealed: -The resident required staff assistance with meals, bathing, oral care, grooming, toileting, dressing and ambulation/mobility. -There was documentation staff provided hands on personal care once daily per shift from 04/01/22 through 04/15/22. -The Care Plan was signed by the Primary Care Provider (PCP).	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 20 Review of a home health agency notes and initial assessment dated 03/08/22 revealed: -Resident #1 had paresis on the left side following a cerebral infarction. -The resident had generalized weakness and expressed a fear of falling. -Someone must assist the resident with grooming and eating. -The resident was entirely dependent on facility staff for dressing, bathing, toileting, ambulation and transferring. Review of a home health note dated 03/14/22 revealed: -Upon initial assessment the resident was in bed. -The resident had not eaten all day and the breakfast and lunch trays still sitting in the room not eaten. -In order for the resident to eat, she would have to be assisted were sitting up in the bed to reach her plate. -The resident's bed and incontinent brief were "soaked" with a very strong smell of urine. -No staff could be found; the therapist changed the bed. -Resident #1 complained of increased leg pain in the right leg. Review of the county emergency medical service (EMS) report dated 04/15/22 revealed: -Upon arrival at the facility at 2:14pm there were 2 staff in the room with Resident #1. -The staff told EMS they did not check on Resident #1 all day. -Staff gave no reason why they did not do rounds to observe Resident #1 all day. -The resident's incontinent brief needed to be changed.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 21 Interview with the Occupational Therapist (OT) on 05/17/22 at 7:30pm revealed: -She was unable to get Resident #1 out of bed. -She would have to physically move the resident. -The resident was a 2 to 3 person assist with ambulation and transferring. -When she did her initial visit in March 2022, she observed Resident #1 and her bed was soaked and smelled like urine. -Before starting therapy, she had to change the resident and the bed. Telephone interview with Resident #1's Power of Attorney (POA) on 05/16/22 at 3:26pm revealed: -Most days he came around 10:00am and did not leave until 6:00pm or 7:00pm. -When he was at the facility, no staff came to the room to check on the resident. -No staff checked or changed the resident's incontinent brief. -When he wanted staff, they were never around and he had to search all three floors of the facility to find staff. Interview with the home health nurse (HHN) 05/12/22 at 2:56pm revealed: -Resident #1 was very confused and very dependent upon facility staff for all her ADL needs. -The resident needed staff assistance just to reposition her body in the bed. -When moving the resident, "you would have to turn her whole body" because the resident provided no assistance. -The only way to move Resident #1 without hurting the resident was to roll her from side-to-side like a log. -Resident #1 wore incontinent briefs that needed to be changed by facility staff. -There were a couple of times when she visited	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 22	D 269		

the resident that she had to change the resident.
-Resident #1 was seen by PT/OT and they observed the resident had pressure ulcers.
-The PT/OT asked her to treat the wounds.
-On 03/28/22, her supervisor called the facility's PCP to obtain an order to assess the resident's wounds.
-She did the initial assessment of Resident #1's wounds on 03/29/22 and the wounds were a stage 2.
-She provided education and training to the staff how to care for the resident's wounds.
-After the initial assessment on 03/29/22, she contacted the PCP and told her Resident #1 needed to be upgraded to skilled care.

Interview with the scheduler/medication aide on 05/16/22 at 10:40am revealed:
-The personal care aides (PCAs) were supposed to check residents for incontinent care every 1 and 1/2 to 2 hours.
-She had instructed the PCAs to check Resident #1 more frequently because the resident never left the room.
-There was no system in place to ensure the PCAs checked the residents for incontinent care.
-There was no documentation to show Resident #1 was checked for incontinence.

Interview with a PCA on 05/13/22 at 3:26pm revealed:
-The resident was supposed to be checked every 2 hours for incontinence.
-She tried to check the resident every two hours.
-There was no way to document that she checked or changed Resident #1's incontinent briefs every two hours.
-She never went to the resident's room without another person because it took 2 people to change the resident's incontinent brief.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 23 -She could not say that she checked the resident every two hours each time she worked because it depended on when another staff person was available to help her. Interview with Resident #1's PCP on 05/13/22 at 4:03pm revealed: -She initially assessed Resident #1 on 04/07/22. -Prior to the assessment she had never met Resident #1. -A few days before 04/07/22, she was left a message by the HHN that she needed to assess Resident #1. -The HHN said she thought the resident needed a higher level of care. -After her assessment of Resident #1, she talked with the Administrator and informed Resident #1 had two stage 2 ulcers. -She told the Administrator that the staff in the facility did not know how to care for the pressure ulcers. -She also informed the Administrator that she was upgrading Resident #1 to skilled nursing care. -She informed the Administrator that Resident #1 would need to be turned and rotated at least every 2 hours to relieve the pressure off her buttocks. _____ The facility failed to ensure assistance with personal care was provided for a resident, who was totally dependent upon facility staff for incontinent care and had two pressure ulcers to her buttocks. This failure resulted in staff not providing the care and services the resident required which led to substantial risk that the resident's wounds could worsen or develop new pressure ulcers, which constitutes a Type A2 Violation. _____	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 24 The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/24/22 for this violation. THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 16, 2022.	D 269		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on interviews and record reviews, the facility failed to provide supervision according to the resident's assessed needs for 1 of 6 sampled residents (#8) who was constantly disoriented and had a history of 19 falls in 6 months resulting in injuries including abrasions, closed head injuries, and lacerations. The findings are: Review of the facility's undated Falls Management Policy and Fall Interventions revealed: -Staff was to ensure a Fall Observations/Investigation was conducted utilizing the facility's assessment tools for falls. -Initial fall interventions were to be put in place	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 25	D 270		

immediately after a resident fell.
-If this was not the first fall for the resident, staff should determine when and what the last intervention was to prevent re-occurrence.
-The Falls Team should have reviewed resident falls each business morning after the fall and on a weekly basis and front-line staff should have attended the meeting for discussion and problem-solving.
-A Falls Nurse Coordinator should have been appointed and responsible for full implementation of the falls program including screening of high-risk residents and coordination of individualized care plans.
-Environmental and equipment interventions included reducing clutter, clearing pathways, adequate lighting at night, pictures and labels to help residents locate the bathroom and their rooms, frequent reassurance and orientation to the facility, use of hip protectors, a low bed, use of a floor mat, non-skid socks, raised toilet seat, wedge cushion chair, lower lounge chair, check wheelchair brakes, recliner with deep seat, chair with deep seat, encourage residents to wear glasses and a "Call Don't Fall" sign on the wall of the resident's room.
-Gait and mobility interventions included occupational therapy and physical therapy screening and evaluation, restorative care, and assistive devices.
-Anxiety, agitation and unsafe behavior interventions included increasing staff surveillance of the resident: monitor resident frequently 1:1, monitor resident with every 15-minute checks and monitor resident with every 30-minute checks.
-There were also interventions listed for pain management, medications and other interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 26	D 270		

Review of Resident #8's current FL2 dated 04/07/22 revealed:
-Diagnoses included chronic constipation, schizoaffective disorder bipolar type and hyperglycemia.
-Resident #8 was constantly disoriented and was semi-ambulatory.

Review of Resident #8's care plan dated 04/14/22 revealed:
-Resident #8 had no problems ambulating with the aide of an assistive device.
-Resident #8 had a walker, but she did not use it.
-Resident #8 required supervision with ambulation and transferring.

1. Review of Resident #8's progress note dated 11/06/21 revealed:
-Resident #8 was found on the floor in another resident's room lying on her left side.
-She had a bruise on her upper right arm and complained her shoulder and right upper arm hurt.
-Emergency medical services (EMS) was called to evaluate Resident #8 and she refused to be sent out to the emergency room (ER).

Review of Resident #8's incident/accident reports revealed there was no incident/accident report dated 11/06/21.

Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 11/06/21.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 27 Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 2. Review of Resident #8's progress note dated 11/07/21 revealed: -Resident #8 was coming out of her room when she fell onto the floor, but she did not hit her head. -She did not complain of pain. -Resident #8 stated she did not want to go to the hospital. Review of Resident #8's incident/accident reports revealed there was no incident/accident report dated 11/07/21. Review of physician's orders dated 11/08/21 revealed an for for physical therapy.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 28	D 270		

Telephone interview with representative from Resident #8's home health provider's office on 05/16/22 at 10:27am revealed:
-The home health office received a referral for physical therapy for Resident #8 on 11/14/21 due to high risk of falling and use of wheelchair.
-Resident #8 was recertified for physical therapy in January 2022 and discharged in February 2022 due to meeting all her goals.
-There had been no other requests or orders for physical therapy for Resident #8.

Based on record reviews no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 11/07/21.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm.

Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm.

Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm.

Refer to interview with another MA on 05/16/22 at 4:15pm.

Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 29 Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 3. Review of Resident #8's incident/accident report dated 11/11/21 revealed: -Resident #8 was in the solarium when she tripped over her walker and fell. -She had a small cut on her head. -She was evaluated at the emergency room (ER). Review of Resident #8's progress notes revealed there was no progress note dated 11/11/21 at 10:45am. Review of Resident #8's local hospital after visit summary dated 11/11/21 revealed: -Resident #8 was evaluated at the ER due to a fall. -She had a closed head injury and laceration of the scalp. Review of Resident #8's primary care provider's (PCP) progress note dated 11/11/21 revealed: -The visit was a new patient visit to establish primary care. -The encounter was in whole, or in part, for gait abnormalities, repeated falls subsequent to muscle weakness. -Resident #8 reported left knee pain and swelling. -There was an order to consult home health for physical therapy for evaluation and treatment. -A left knee x-ray was ordered. Review of Resident #8's left knee x-ray dated 11/12/22 revealed no evidence of acute fracture or dislocation.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 30 Review of Resident #8's record revealed there were no physical therapy notes available. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 11/11/21. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 4. Review of Resident #8's incident/accident report dated 11/13/22 revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 31	D 270		

-Resident #8 was found on the floor behind the door in her room.
-Her lip was burst, and she had a skin tear on her finger.
-She refused for staff to call emergency medical services (EMS).

Review of Resident #8's progress notes revealed there was no progress note dated 11/13/21.

Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 11/13/21.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm.

Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm.

Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm.

Refer to interview with another MA on 05/16/22 at 4:15pm.

Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm.

Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 32 Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 5. Review of Resident #8's progress note dated 11/14/21 revealed: -Resident #8 was outside and said she was trying to get her cigarettes when she fell backwards hitting the back of her head. -Emergency medical services (EMS) was called. Review of Resident #8's incident/accident report dated 11/14/22 at revealed: -Resident #8 got out of her wheelchair to get cigarettes when she fell backwards hitting the back of her head. -She was outside when she fell. -She was taken to the emergency room (ER). Review of Resident #8's local hospital after visit summary dated 11/14/21 revealed: -She was seen at the ER due to a fall. -She had a diagnosis of a closed head injury. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 11/14/21. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 33 Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 6. Review of Resident #8's progress note dated 12/14/21 revealed: -Resident #8 was found sitting in an upright position on the floor of her bedroom. -She stated she was trying to get something off her bed, lost her balance, and fell backwards. -Resident #8 stated she did not need any medical attention. -There was no redness or swelling noticed. -Staff would continue to monitor for any changes. Review of Resident #8's incident/accident report dated 12/14/22 at revealed: -Resident #8 was found sitting upright on her bedroom floor. -Resident #8 stated she was trying to get something off her bed, lost her balance and fell backwards. -She stated she was okay and did not need any medical attention. -She was not sent out to the local hospital.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 34 Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 12/14/21. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 7. Review of Resident #8's progress note dated 12/19/21 at 8:25pm revealed: -Resident #8 fell and had an abrasion on her left lower back. -Ointment and a bandage were applied to the abrasion and to the stitches over her right eye.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 35 -Staff would continue to monitor for any changes. Interview with the medication aide (MA), who documented the progress note, on 05/16/22 at 4:15pm revealed: -She was working the day Resident #8 had an unwitnessed fall, had a laceration on her head, and had to have stitches. -She did not remember the date of the fall, but remembered it was in December 2021. -After her fall, staff made sure she stayed in her wheelchair. -Staff was told to increase supervision (no time specifics) for Resident #8, "but with that many residents, you can't really watch her." -Staff checked on all residents every 2 hours, but if a resident was sent out to the hospital and came back with an injury, the resident was supposed to be on 15-minute or 30-minute checks depending on the severity of the fall or injury. -She only remembered completing 15-minute checks for Resident #8 only once after one of her falls, but she did not remember when. Review of Resident #8's incident/accident report dated 12/19/21 at 11:28am revealed: -Resident #8 was found on the floor of the solarium in front of her wheelchair. -She had laceration and blood on the left side of her forehead above her eyebrow. -Resident #8 stated she was transferring from her wheelchair to the couch when she fell. -She was taken to the emergency room (ER). Review of Resident #8's local hospital after visit summary dated 12/19/21 revealed: -Resident #8 was seen at the ER due to a fall. -She had a diagnosis of a closed head injury and facial laceration with stitches.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 36 Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 12/19/21 at 11:28am. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 8. Review of Resident #8's progress note dated 12/19/21 at 9:45pm revealed: -Resident #8 was found sitting in an upright position on the floor against her roommate's chair.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 37 -Resident #8 stated she was trying to get out of her wheelchair to get something and lost her balance. -She had an abrasion on her left lower back. -Ointment and a bandage were applied to her back. Review of Resident #8's incident/accident report dated 12/19/21 at 9:15pm revealed: -She was found sitting upright against her roommate's chair. -Resident #8 stated she was getting out her wheelchair when she lost her balance. -Ointment was applied with a bandage on the abrasion. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 12/19/21 at 9:15pm. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 38	D 270		

Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm.

Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm.

Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm.

9. Review of Resident #8's incident/accident report dated 12/21/21 at 10:00am revealed:
-She was found sitting on the floor in her bathroom doorway.
-Resident #8 stated she lost her balance trying to bend down to pick up a cup under the sink.
-She reported pain on her left thigh, but she declined pain medication.

Review of Resident #8's progress notes revealed there was no progress note dated 12/21/21 at 12:17am.

Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 12/21/21 at 12:17am.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm.

Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 39	D 270		

Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm.

Refer to interview with another MA on 05/16/22 at 4:15pm.

Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm.

Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm.

Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm.

10. Review of Resident #8's progress note dated 12/21/21 at 10:23am revealed:
-She was found sitting upright on the floor in front of her wheelchair.
-Resident #8 stated she was folding clothes and lost her balance as she got up to go put her socks in a drawer.
-Staff would continue to monitor for changes.

Review of Resident #8's incident/accident report dated 12/21/21 at 10:00am revealed:
-Resident #8 was found sitting upright in front of her wheelchair on the floor.
-Resident #8 stated that she was trying to fold her clothes and lost her balance and fell as she went to put her socks in her drawer.

Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 12/21/21 at 10:00am.

Attempted telephone interview with Resident #8's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 40	D 270		

responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm.

Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm.

Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm.

Refer to interview with another MA on 05/16/22 at 4:15pm.

Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm.

Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm.

Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm.

11. Review of Resident #8's progress note dated 12/24/21 revealed:
-Resident #8 fell in her bathroom while trying to sit on the toilet.
-Another resident assisted Resident #8 off the floor.
-Resident #8 fell on her buttocks and was limping.
-Resident #8 refused to be transported to the hospital.

Interview with a MA, who documented the progress note dated 12/24/21 on 05/16/22 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 41 4:59pm revealed: -She was working on 12/24/21 when another resident brought Resident #8 to her and told her Resident #8 had fallen. -She thought Resident #8 had fallen off the toilet and she did not want to go out to the hospital. -She assessed Resident #8 and she did not think she had any injuries. -There were no interventions put in place for Resident #8, but she checked on Resident #8 every hour to make sure she did not complain of pain. -Resident #8 was ambulatory and always on the move. Review of Resident #8's incident/accident reports revealed there was not an incident/accident report dated 12/24/21. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 12/24/21. Review of Resident #8's primary care provider's (PCP) follow-up dated 01/06/22 revealed: -Resident #8 was being seen for the purpose of a routine visit. -She had a laceration from a recent fall above her right eye with 5 stitches noted. -The PCP was assessing the need to remove stitches on 01/06/22. -The PCP was assessing the need for wheelchair for safe ambulation and she was also reviewing Resident #8's lab work. -She had a history of recent falls and the facility staff reported she was currently being seen by physical therapy. -Resident #8 ambulated via wheelchair now due to frequent falls.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 42 Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 12. Review of Resident #8's progress note dated 02/10/22 revealed: -Resident #8 was outside in the smoking area when she tried to transfer herself from her wheelchair to the bench and fell. -She hit her head on the bench according to other residents. -Another resident attempted to help her up when staff arrived outside. -Resident #8 started stiffening up and trembling	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 43	D 270		

as staff put her in the wheelchair.
-She was grasping for air, lethargic, and her eyes were rolling.
-She was sent out to the emergency room (ER) for evaluation.

Review of Resident #8's incident/accident reports revealed there was not an incident/accident report dated 02/10/22.

Review of Resident #8's local hospital after visit summary dated 02/10/22 revealed:
-Resident #8 was seen in the ER due to a fall.
-Her diagnosis was a closed head injury.

Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 02/10/22.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm.

Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm.

Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm.

Refer to interview with another MA on 05/16/22 at 4:15pm.

Refer to telephone interview with Resident #8's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 44 primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 13. Review of Resident #8's progress note dated 02/11/22 revealed: -The medication aide (MA) arrived at the facility at 3:00pm and was asked to send Resident #8 out to the local hospital. -Resident #8 had fallen out of her wheelchair and hit her head where she had hit it before during a previous fall. -Blood was seen on Resident #8's head, but it was not dripping. -The MA called 911 and Resident #8 was seated back into the wheelchair. -The MA was in Resident #8's bedroom attending to her roommate when Resident #8 fell out of the wheelchair again. -Resident #8 was placed back into the wheelchair and was placed in the hallway to watch further. -After dinner, Resident #8 wanted to lay down so, she got up, started walking back to her room, and refused to get in the wheelchair. -Resident #8 was assisted into her bed. -When emergency medical services (EMS) arrived at 7:45pm on 02/11/22, they picked Resident #8 up off the floor. -Resident #8 had slurred speech, low blood pressure and refused to go to the hospital. -Resident #8 laid back down to sleep after EMS left. -The MA contacted Resident #8's primary care provider (PCP) and she was monitored throughout the night.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 45 Interview with the MA who documented the progress note dated 02/11/22 on 05/16/22 at 4:59pm revealed: -Resident #8 fell twice during her shift one day in February 2022, but she did not remember the exact date. -She thought something was going on with her as to why she kept falling; her balance was off that date. -She called 911 after Resident #8's second fall, but she refused to be sent to the hospital. -She had Resident #8 to sit in the hallway by the medication cart so she could keep an eye on her. -She stayed in the hallway for about an hour then she got up and left. -She did not know of any other attempts to increase supervision of Resident #8 after her falls. -Interventions put in place for Resident #8 after the fall were to get her to sit down in a chair or her wheelchair. -She completed a progress note, but she did not remember contacting Resident #8's PCP. Review of Resident #8's incident/accident reports revealed there was not an incident/accident report dated 02/11/22. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 02/11/22. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 46 Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 14. Review of Resident #8's incident/accident report dated 02/22/22 revealed: -Resident #8 was found on the ground trying to get up. -Resident #8 stated she was trying to lock her wheelchair and slid out. -Another resident stated she stood up and fell hitting the left side of her head. -She had a laceration on her left eyebrow. -She refused to go out to the hospital. -Compression was applied to stop the bleeding. -Staff encouraged Resident #8 to ask for help. Review of Resident #8's progress notes revealed there was no progress note dated 02/22/22. Based on record reviews, there was no	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 47 documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 02/22/22. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 15. Review of Resident #8's progress note dated 02/27/22 revealed: -Resident #8 was in her room when she tripped over her roommate's wheelchair. -Emergency medical services (EMS) was called, but Resident #8 refused to go to the hospital.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 48	D 270		

Review of Resident #8's incident/accident report dated 02/27/22 revealed:
-She had an unwitnessed fall in her room.
-Resident #8 stated she tripped over her roommate's wheelchair.
-There were no apparent injuries.

Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 02/27/22.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm.

Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm.

Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm.

Refer to interview with another MA on 05/16/22 at 4:15pm.

Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm.

Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm.

Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 49	D 270		

16. Review of Resident #8's incident/accident report dated 03/08/22 revealed:
-Resident #8 came to the MA and stated she slid off her bed trying to get into her wheelchair.
-She got up off the floor by herself.
-Resident #8 stated she was fine and refused to be sent out to the hospital for evaluation.
-There were no apparent injuries.
-Staff encouraged Resident #8 to ask for help.

Review of Resident #8's progress notes revealed there was no progress note dated 03/08/22 related to falls.

Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 03/08/22.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm.

Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm.

Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm.

Refer to interview with another MA on 05/16/22 at 4:15pm.

Refer to telephone interview with Resident #8's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 50 primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 17. Review of Resident #8's incident/accident report dated 04/19/22 revealed: -She was trying to get snacks, using her walker, when she fell. -Resident #8 stated she did not want to go to the hospital, so staff kept an eye on her. -Staff encouraged Resident #8 to ask for help when she wanted snacks. Attempted telephone interview with the MA who completed Resident #8's incident/accident report dated 04/19/22 on 05/17/22 at 11:20am was unsuccessful. Review of Resident #8's progress notes revealed there was no progress note dated 04/19/22 related to falls. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 04/19/22. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 51 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. 18. Review of Resident #8's incident/accident report dated 04/23/22 revealed: -Resident #8 was found sitting on her bathroom floor. -There were no apparent injuries. Interview with the medication aide (MA) who completed the incident/accident report dated 04/23/22 on 05/16/22 at 12:07pm revealed: -Resident #8 usually walked with an unsteady gate and was confused. -Resident #8 had falls before her hospitalization, but she did not remember the dates or how many. -Resident #8 fell once when she was working in April 2022. -Resident #8 had fallen in her bathroom and she had socks on, but no shoes. -She made sure she had her shoes on when she was up and walking.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 52 -She did not know of any other interventions put in place for Resident #8 and she was not told to increase supervision for Resident #8 after her fall. Review of Resident #8's progress notes revealed there was no progress note dated 04/23/22. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #8 after her fall on 04/23/22. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm. Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 53	D 270		

19. Review of the facility's shift note dated 05/06/22 (This date should have been 05/05/22.) revealed:
-A home health nurse came by Resident #8's room, assessed her, and said Resident #8 was depressed.
-After calling 911 to take Resident #8 to the hospital for observation, she came out of her room into the hallway crying and yelling about another resident who was taken to the hospital previously.
-Resident #8 was wrapped up in a comforter and was argumentative about putting clothes on.
-She got tangled up in the bedding and fell over on her side hitting her head on the elevator door frame.
-She was transported to the hospital via EMS and was admitted.

Review of Resident #8's incident/accident report dated 05/05/21 revealed:
-Resident #8 came running out of her room asking about another resident who was sent out to the hospital.
-She was foaming from the mouth and breathing heavily.
-She then fell to the floor and hit her head on the wall.
-There were no apparent injuries.
-She refused her meal the day before.
-There was a major change in her behavior.
-She was admitted to the local hospital with a urinary tract infection.

Interview with the medication aide (MA) who completed the incident/accident report dated 05/05/21 on 05/16/22 at 5:50pm revealed:
-On 05/05/22, Resident #8 was upset because another resident was taken to the hospital on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 54	D 270		

same day and she wanted to go.
-There was a home health nurse in the facility visiting another resident and the nurse assessed Resident #8 to be severely depressed; she did not know what home health agency the nurse was from or who the nurse was in the facility to visit.
-Resident #8 came out of her room into the hallway wearing a bra and an incontinence brief and was wrapped in her bed comforter.
-Resident #8 was hollering, screaming, and crying asking where the other resident was.
-The Scheduler/MA tried to calm her down and she started moving backwards towards the elevator alcove.
-She must have tripped over her comforter because she fell, and it looked like she hit her head on the frame of the elevator.
-She called emergency medical services (EMS) and Resident #8 was sent out to the hospital.

Review of Resident #8's progress notes revealed there was no progress note dated 05/05/22 related to falls.

Review of Resident #8's primary care provider's (PCP) routine visit note dated 05/05/22 revealed:
-The facility staff reported Resident #8 had a fall several days ago.
-Resident #8 denied pain and was able to move all extremities well and showed no bruising or lacerations upon exam.
-Staff were to monitor Resident #8 for falls.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to interview with a medication aide (MA) on 05/13/22 at 1:17pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 55 Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. Refer to interview with another MA on 05/16/22 at 4:15pm. Refer to telephone interview with Resident #8's primary care provider (PCP) on 05/13/22 at 4:20pm. Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. _____ Interview with a MA on 05/13/22 at 1:17pm revealed: -Resident #8 was a high fall risk when she was first admitted to the facility. -Staff monitored her, but she did not know how often. -She did not remember the date or details of any of Resident #8's falls. -There should have been 15 to 30-minute checks for 2 days or so after Resident #8's falls, and the checks should have been documented in her progress notes. Interview with the Scheduler/MA on 05/13/22 at 12:24pm revealed: -She conducted the duties of the Resident Care Coordinator (RCC) until a RCC was hired.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 56	D 270		

-She did not remember Resident #8 having any falls in March 2022, but she had 4 or 5 falls in April 2022 and one on 05/05/22.
-All residents were checked on every hour.
-After a fall, MAs were to document once on each shift the resident was checked on for a 72-hour period.
-There was no increase in supervision for residents after a fall, just the documentation staff checked on the resident during the shift.
-Prior to the new RCC starting at the facility, she contacted Resident #8's PCP after a fall and the PCP told her to increase supervision; that's when the MAs started documenting once on each shift for 72 hours.
-The 72 hour checks should have been documented in the resident's progress notes.

Interview with the RCC on 05/13/22 at 1:44pm revealed:
-If a resident had a fall or returned from the hospital with any medication changes, the resident was placed on a 72-hour watch which included 15-minute, 30-minute, or hourly checks on the resident.
-She determined if a resident received 15-minute, 30-minute or hourly checks.
-She had worked at the facility for about 3 weeks and she did not know if interventions or increased supervision was put in place for Resident #8 prior to her employment.
-She did not know if Resident #8 had interventions in place or was on 15-minute, 30-minute or hourly checks prior to being admitted to the hospital on 05/05/22.

Interview with a PCA on 05/16/22 at 2:00pm revealed:
-Resident #8 was very unsteady on her feet.
-Resident #8 had unwitnessed falls, but she did

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 57	D 270		

not remember when.
-There were times when Resident #8 told her she had fallen and gotten up by herself or that she fell the day before.
-She told a MA when Resident #8 reported a fall to her.
-She had not been told to increase supervision or to do anything else different for Resident #8.
-PCAs checked on residents every 2 hours and every hour for residents with greater incontinence needs.

Interview with another MA on 05/16/22 at 4:15pm revealed:
-She remembered Resident #8 falling in her bedroom and landed on her left side, but she did not remember the date.
-She contacted EMS and Resident #8 was sent out to the hospital.
-She was not sure about the other times Resident #8 fell, but she remembered once staff were told to do 15-minute or 20-minute checks on Resident #8 and staff documented the checks on a piece of paper.
-She did not know where the documentation was.

Telephone interview with Resident #8's PCP on 05/13/22 at 4:20pm revealed:
-Resident #8 had frequent falls and had a wheelchair due to her unsteady gait.
-Resident #8 had sutures over one of her eyes from a fall, but she could not remember the date Resident #8 had fallen.
-When she came to the facility to take out the sutures, Resident #8 had already taken the sutures out and the facility had not notified her.
-The facility did not contact her when Resident #8 had fell; she found out when she came to the facilty each week.
-She expected the facility staff to call her when a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 58 resident fell and to monitor residents who were fall risks. Telephone interview with the Administrator on 05/16/22 at 1:24pm revealed: -After a fall, residents were placed in the "hot box" which included providing 15-minute safety checks for 72 hours. -She did not know if there were any interventions put in place for Resident #8 or if she was placed in the "hot box" to be checked on every 15-minutes for 72 hours after any of her falls. Telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm revealed: -He expected staff to put an appropriate care plan in place to reflect proactive measures to prevent further falls and to increase supervision for Resident #8. -Interventions should have been discussed and an increase in supervision should have been put in place after each fall. -There should have been a falls checklist completed for residents after each fall. _____ The facility failed to provide supervision for 1 of 6 sampled residents (#8) who had 19 falls in 6 months which resulted in a laceration of the scalp, a facial laceration with stitches to repair the laceration, 4 closed head injuries, a burst lip, a skin tear to her finger, an abrasion to her back, pain in her left thigh, limping, and bleeding from her head when she re-injured her head from a previous fall. This failure resulted in serious physical harm and neglect which constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G. S. 131D-34 on 05/16/22.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 59 CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 16, 2022.	D 270		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure referral and follow-up to meet the healthcare needs for 5 of 6 sampled residents (#1, #4, #5, #6 and #8) related to failure to notify with the Primary Care Provider (PCP) when a resident had continual complaints of pain and injuries of unknown origin (#1); for a resident coughing and gagging when consuming meals (#6); for a resident with changes in behavior and medication refusals (#8); and related to referrals for physical therapy and infusions for a weakened immune system (#4); and an endocrinologist referral for diabetic management and follow-up with the PCP for elevated blood sugars (#5). The findings are: 1. Review of Resident #1's current FL2 dated 04/07/22 revealed: -Diagnoses included cerebral ischemia, vascular dementia, anemia, hypertension, chronic kidney disease stage 4, gastroesophageal reflux disease, hypothyroidism, abdominal aortic	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 60	D 273		

aneurysm, chronic obstructive pulmonary disease (COPD), coronary artery disease, dependency on oxygen and depression.
-The resident was constantly disoriented.
-The resident was semi-ambulatory, incontinent of bladder and bowel.
-The resident required personal care assistance with bathing, feeding and dressing.

Review of Resident #1's previous FL2 dated 03/07/22 revealed:
-Diagnoses included cerebral ischemia, vascular dementia, occlusion and stenosis, chronic kidney disease and solitary pulmonary nodules.
-The resident was intermittently disoriented, semi-ambulatory using a wheelchair to self-propel.
-The resident was incontinent of bladder and bowel.
-There were orders for physical (PT) and occupational (OT) therapy.

Review of Resident #1's Care Plan dated 04/14/22 revealed the resident was assessed as needing supervision only with eating, toileting, ambulation, bathing, dressing, groom/personal hygiene and transferring.

Review of a home health agency note dated 03/08/22 revealed:
-Someone must assist the resident with grooming and eating.
-The resident was entirely dependent on facility staff for dressing, bathing, toileting, ambulation and transferring.
-Resident #1's cognitive behavioral and psychiatric symptoms that were demonstrated at least once a week included:
-Memory deficit and failed to recognize familiar persons/places.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 61 -The resident was unable to recall events of the past 24 hours. -The resident had significant memory loss so that supervision was required. -The resident had impaired decision making and was unable to perform Activities of Daily Living (ADLs) appropriately and her safety was jeopardized through her actions. a. Review of a home health note dated 04/12/22 revealed: -The therapist noticed the resident had bruising behind the knee on the right leg. -The medication aide (MA) was notified, and said she was unaware how the bruise happened. Review of Resident #1's progress notes and home health notes revealed there was no documentation in Resident #1's record that the resident had bruises or that the therapist had made the MA aware of the resident's bruises or complaint of pain. Interview with the Occupational Therapist (OT) on 05/17/22 at 7:30pm revealed: -She was unable to get Resident #1 out of bed. -She would have to physically move the resident. -The resident was a 2 to 3 person assist with ambulation and transferring. -On 04/12/22, she observed a bruise behind Resident #1's right knee. -The bruise was dark in color. -She told the medication aide (MA) there was a big bruise on the back of the resident's right knee. -The MA responded, "do you want me to come and check it out"? -She waited for the MA, but the MA did not come to the room during her visit. -She did not suggest administering pain medication because staff had to determine the	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 62	D 273		

medication administered.
-She got tired of waiting for the MA to come to the room and she left the facility.

Review of Resident #1's incident/accident report dated 04/15/22 at 2:00pm revealed:
-The resident's leg looked out of place.
-The resident did not remember what happened to her leg.
-The resident was sent to the hospital.

Review of an Emergency Medical Services (EMS) report dated 04/15/22 revealed:
-At 2:16pm, the EMS responder documented the resident was observed as being bed bound and non-ambulatory.
-The resident had an obvious deformity to the right midshaft of her femur.
-Bruising was observed behind the right knee and there was swelling to the leg.
-The staff stated she did not do rounds to observe Resident #1 all day.
-The staff had no reason why she did not observe the resident today (04/15/22).

Review of Resident #1's hospital discharge summary dated 04/15/22 revealed:
-The resident was disoriented to time and situation.
-The resident complained of pain in the right leg.
-The resident was at the hospital due to leg deformity and questionable right femur fracture.
-There was documentation staff at the facility told EMS they were unaware of how the deformity occurred.
-EMS responders were concerned the resident was abused and suggested to involve Adult Protective Services (APS).
-The resident was fearful and continually said, "please don't hurt me."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 63	D 273		

-There was a suspicion of abuse towards the resident.
-A computerized tomography (CT) scan found the resident had subtrochanteric fracture (deformity at the fracture site) of the right proximal femur and comminuted and angulated fracture of the midshaft of the right femur (broken in three or more pieces).
-The only way to correct the fracture and deformity of the femur was surgery.
-It was also found on 04/15/22, the resident had a pulmonary embolism, which delayed surgery for three days.
-The resident underwent surgery to correct the fractures and deformity of the femur.
-The resident had open reduction internal fixation (ORIF) a surgery to fix severely broken bones.
-The resident had complications that resulted from the surgery to repair the fractures and deformity of the femur.
-Resident #1 passed away on 04/26/22.
-One contributing cause of death listed was complications resulting from a femur fracture.

Review of Resident #1's photos submitted by the hospital dated 04/15/22 revealed:
-When the resident arrived at the hospital on 04/15/22, she was lying on her back.
-The resident was lying on her back in the bed.
-The resident's left leg and foot were pointed straight up towards the ceiling.
-The resident's right leg (thigh, knee, ankle and foot) were turned inward toward the left leg.
-The resident's right leg was flat down on the bed as if there was no support to hold the leg up.

Interview with the county death investigator on 05/12/22 at 9:50am revealed:
-When Resident #1 came to the hospital on 04/15/22, she was diagnosed with femur

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 64	D 273		

fractures.
-The resident had to undergo surgery on 04/18/22 to repair the fractures of the femur.
-As a result of the surgery for the femur fracture, the resident had complications that contributed to the resident's death.
-If the resident had never sustained the fractures of the femur, there would have been no need for surgery and the complications that contributed to the resident's death would have never occurred.
-The medical examiner listed on Resident #1's death certificate one of the causes of death was complication of a right femur fracture.

Telephone interview with Resident #1's Power of Attorney (POA) on 05/10/22 at 1:57pm revealed:
-Resident #1 was totally bed ridden and unable to ambulate herself.
-On 04/12/22, the therapist pointed out there were bruises on the back of the resident's right knee, which turned out later to be a fracture.
-Resident #1 was "bed ridden" and unable to move herself.
-The resident was dependent upon facility staff for ADLs.
-When Resident #1 went to the hospital the last time in April 2022 (unable to recall the exact date), the physician told him the resident had two fractures.
-The physician said one fracture appeared to be about a month old the other fracture was newer.
-Resident #1 was seen by the facility's Primary Care Provider (PCP) one month after the resident's admission to the facility.
-The PCP informed him that Resident #1 needed to be upgraded to a skilled nursing facility.
-The PCP said the resident required care and services that facility staff were unable to provide.

Telephone interview with Resident #1's POA on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 65 05/16/22 at 3:26pm revealed: -He visited Resident #1 on 04/12/22, and Resident #1 told him that she was afraid staff was going to hurt her. -The OT was also present and pointed out the bruises on the back of the resident's right knee. -When he visited the resident on 04/13/22 in the morning, the resident complained about being in pain. -He had to search for a staff person on all three floors at the facility; he eventually found the MA and asked her to give Resident #1 something for pain. -After Resident #1 passed away, the medical examiner told him the femur fracture contributed to the resident's death because of a blood clot and other complications that happened as a result of sustaining the fracture. Interview with the Scheduler/MA on 05/11/22 at 2:57pm revealed: -Resident #1 was bed bound. -The resident received physical therapy. -Resident #1 was aware when she needed incontinence care and would ring the call bell. -She was made aware by the PCAs of the incident on 04/15/22, when the resident went to the hospital with a right leg fracture. -The PCA went in to change the resident's incontinent brief and noticed the resident's leg. -She was not sure, but thought the resident had been sitting up earlier in the day and visiting with family. Interview with the Scheduler/MA on 05/16/22 at 10:39am revealed: -On 04/15/22, the PCA made her aware of the resident's leg. -She did not know the condition of Resident #1's leg until 04/15/22.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 66	D 273		

-The resident's leg looked like it was broken and turned inside out.
-She did not know how that happened because the resident did not get out of bed.
-The staff did not really move the resident only to change her incontinent brief.
-She looked at the resident's leg and decided to send the resident out to the hospital.
-A week before the resident went out to the hospital, around one week prior to 04/15/22, the resident complained about being in pain.
-She told staff to give the resident tylenol.

Telephone interview with the Scheduler/MA on 05/17/22 at 11:11am revealed:
-She was unable to recall if staff informed her about the resident's right leg being swollen.
-She recalled the staff saying the resident had pain in her leg.
-She instructed staff to give the resident tylenol, but she did not look at the resident's leg.
-If the resident's leg was swollen, the MA should have contacted the PCP or sent the resident to the hospital.
-She did not follow-up with the MA to inquire how the resident was doing.
-She did not contact the resident's PCP.

Interview with a second shift PCA on 05/13/22 at 3:25pm revealed:
-The resident got sent out on 04/15/22 because when she went to change the resident, she noticed the resident's leg did not look right to her.
-The resident was sent out to the hospital and did not come back.
-She did not understand how the resident's leg got injured and no one knew because it took more than one staff to assist the resident with incontinent care needs.
-She did not recall telling the EMS on 04/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 67	D 273		

that she had not observed or saw the resident all day.
-Sometimes she did not observe the resident every two hours because she needed assistance when caring for the resident and the facility did not always have enough staff, so she had to wait until a staff was available.

Telephone interview with a first shift PCA on 05/17/22 at 3:14pm revealed:
-When Resident #1 lived at the facility, it was difficult to care for the resident.
-The resident was a two person assist.
-The resident always complained of pain.
-About one week before Resident #1 went out to the hospital on 04/15/22, she noticed something was not right about the resident's right leg.
-When lying on her back, the resident's right leg and foot were turned inward.
-She told the MA.
-The MA was supposed to tell the scheduler/MA.
-The resident did not go out to the hospital until a week later.

Interview with a second shift MA on 05/16/22 at 5:10pm revealed:
-One week prior to Resident #1 going to the hospital the last time in April 2022 (unable to recall the exact date), she noticed the resident's leg did not look right.
-The resident's leg looked like a backwards "chicken wing."
-She asked the resident if her leg hurt, and the resident said yes.
-She told the Scheduler/MA and documented on the shift report and progress notes.
-She had no idea what happened to her documentation.
-The Scheduler/MA did not tell her what to do.
-She did not contact the resident's PCP because

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 68 the facility's protocol was to notify the scheduler/MA and she contacted the resident's PCP. -She did not see Resident #1 again before the resident went to the hospital for the last time in April 2022 (unable to recall the exact date). Telephone interview with the physical therapist on 05/12/22 at 3:52pm revealed: -Resident #1 was non-ambulatory and was a two person assist when providing care. -Resident #1 did not have the strength to move herself and required staff to move her whole body. -The resident was not fragile to where resident would easily sustain a broken bone. -He had not identified the resident having any behaviors that would make him believe she was capable of causing a break to her own bones. -He was not sure Resident #1 had the cognitive ability to even ask for assistance, so staff needed to check on her. Telephone interview with Resident #1's PCP on 05/13/22 at 4:03pm revealed: -The resident was new to her; the first and only time she had seen Resident #1 was on 04/07/22. -When she saw Resident #1, the resident was sitting up in a wheelchair. -It took three people to get the resident back into the bed. -No one at the facility had reported to her the resident's leg was swollen. -She wanted to be notified if a resident's leg was swollen because the resident had heart disease, kidney disease, and COPD. -She was in the facility every Thursday, so someone from the facility should have made her aware the resident's leg was swollen.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 69 Interview with the Executive Director/Administrator on 05/16/22 at 12:40pm revealed: -She started working at the facility on 04/11/22. -On 04/15/22, the scheduler/MA told her about Resident #1's leg. -When she observed the resident's leg, it was twisted inward. -Staff did not tell her the resident's leg was swollen. -The resident did not get out of bed and was totally dependent on staff for all needs. -She did not know the resident's history. -Someone should have contacted the resident's PCP. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm. b. Review of Resident #1's incident report dated 03/14/22 at 4:30pm revealed: -Resident #1 was in a lot of pain and could not sit up. -The resident screamed when right leg was moved. -The OT witnessed the resident in pain. Review of Resident #1's occupational therapy (OT) note dated 03/14/22 revealed: -The OT observed Resident #1 was "sidelying" (lying on shoulder that is flexed about 90 degrees), and unable to move herself. -The resident "presented" with pain in her lower extremities. -When moved the resident tried for increased pain. -The had not eaten all day with the breakfast and lunch trays were still sitting in the room. -For the resident to eat she would have to be assisted with sitting up.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 70	D 273		

-When the OT rolled Resident #1 over she observed the resident soaked with urine and her bed was soaked urine with a strong smell of urine.
-The resident continued to cry out in pain.

Review of Resident #1's Emergency Medical Services (EMS) report dated 03/14/22 revealed:
-Resident #1 told EMS that she had been dropped two weeks ago.
-Upon arrival, EMS responders observed Resident #1 was in bed complaining of right hip pain.

Review of Resident #1's home health note dated 03/23/22 revealed:
-The therapist documented Resident #1 was in "significant pain" at the right hip.
-Tramadol was added for pain control, not sure if administered.
-The resident repeatedly stated, "please don't hurt me, don't hurt me."
-The resident was a two person assist with transferring.

Review of Resident #1's home health note dated 03/28/22 revealed:
-The nurse providing wound care noted Resident #1 was observed lying in bed.
-The resident continuously complained of pain in the right leg when moved.

Review of Resident #1's home health note dated 03/29/22 revealed:
-The therapist noted upon arrival Resident #1 was observed sitting up in a wheelchair.
-The resident complained of pain in bilateral lower extremities with movement.

Review of Resident #1's home health note dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 71 03/31/22 revealed: -The nurse providing wound care noted upon arrival Resident #1 was lying in bed. -The resident was complaining of pain in her right lower extremity. -The resident expressed increased complaints of pain when moving. Review of Resident #1's home health note dated 04/05/22 revealed: -The therapist noted Resident #1 was lying in bed. -The resident complained of pain in her right lower extremities. Review of Resident #1's home health note dated 04/06/22 revealed Resident #1 complained of pain. Review of Resident #1's home health note dated 04/07/22 revealed: -Upon arrival Resident #1 was lying in bed. -The resident complained of pain in the right lower extremities with movement. -Resident #1 was moaning and yelling with pain. Review of Resident #1's progress notes, nurses note and shift reports revealed: -There was no documentation the resident had pain or continually complained she was in pain. -There was no documentation the resident's PCP had been notified the resident frequently cried out that she was in pain. Review of Resident #1's electronic medication administration records (eMARs) for March and April 2022 revealed: -There were only two documented dates (04/08/22 and 04/13/22) the resident was administered an as needed pain medication.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 72 -On 04/13/22, the resident's POA asked for the pain medication. Interview with the Occupational Therapist (OT) on 05/17/22 at 7:30pm revealed: -On 03/14/22, she told the MA that Resident #1 was in pain. -The MA said the resident had been complaining of pain all day, so she was going to send the resident to the hospital. -Most times it was always difficult to find staff when she visited the facility. -If she found a staff, she told staff the resident was in pain. -She did not suggest administering pain medication because staff had to determine the medication administered and/or follow-up with the resident's PCP. Interview with the facility's PCP on 05/12/22 at 9:22am revealed: -During her initial visit with Resident #1 on 04/07/22, she observed the resident was non-ambulatory and dependent upon facility staff for all ADL care needs. -No one had ever made her aware the resident continually cried out in pain. -Had she known the resident was in pain she would have ordered an x-ray to ensure no fractures had occurred. -Had facility staff made her aware of the resident she would have seen the resident before 04/07/22. Interview with the Home Health Nurse on 05/12/22 at 2:56pm revealed: -Before she ever met Resident #1, the staff told her the resident always cried out in pain. -She told staff the resident was in pain, but did not witness if staff gave the resident pain	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 73	D 273		

medication.
-What she witnessed was the resident saying she was in pain and staff saying she had pain.
-Staff said "you barely touched the resident and she had pain".
-The staff said the resident had dementia and always said she had pain.
-Her concern was the resident lying in bed a lot.
-The staff was unable to take the resident to the dining room because she did not want to be moved or touched.

Telephone interview with Resident #1's POA on 05/16/22 at 3:26pm revealed:
-Resident #1 was totally bed ridden and unable to ambulate herself.
-When he visited the resident on 04/13/22 in the morning, the resident complained about being in pain.
-When requesting pain medication for Resident #1, he had to search for a staff person on all three floors at the facility.
-He eventually found the MA and asked her to give Resident #1 something for pain.
-When he visited Resident #1, he never saw staff come to the room, check on the resident or ask if she needed something for pain.

Interview with the Scheduler/MA on 05/16/22 at 10:39am revealed:
-A week before the resident went out to the hospital (around 04/08/22), staff told her the resident complained about being in pain.
-She told staff to give the resident tylenol.
-Prior to that, no one told her about the resident complaining about being in pain.
-She did not check to ensure staff administered the tylenol.

Telephone interview with the physical therapist on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 74 05/12/22 at 3:52pm revealed: -Resident #1 was non-ambulatory and was a two person assist when providing care. -The resident always expressed fear and anxiety towards moving her body. -Resident #1 complained a lot about pain in her right hip. -The resident could not move her right side because of pain. -The resident previously had a stroke on her right side. -Resident #1 always expressed a fear of falling and pain in her right hip. -The resident did not like to move her right leg because of the pain. -He was not sure Resident #1 had the cognitive ability to ask for pain medication or even knew about medication for pain. Interview with a second shift PCA on 05/13/22 at 3:25pm revealed: -The resident repeatedly complained that she was in pain any time she touched her. -She reminded her of someone with Alzheimer's because she continually repeated "don't hurt me." -She did not tell the MA when the resident complained about pain because she thought the resident was just saying she was in pain. -The resident complained about being in pain since she was admitted to the facility. -Anytime "you touched the resident" she said that she was in pain. -She sometimes told the MA when the resident complained of pain but not every time because the resident was repetitive, and she thought the resident was not really in pain. -The resident was a two person assist with ADLs. -She did not understand how the resident's leg was fractured and no one knew how it happened because it took more than one staff to assist the	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 75 resident with incontinent care needs. Interview with a first shift PCA on 05/16/22 at 1:26pm revealed: -She thought Resident #1 had dementia because the resident constantly repeated the same thing over and over. -The resident would continually say she was in pain. -The resident was in bed at times. -Resident #1 always screamed when someone touched her. -She did not really blame staff for not knowing the resident's leg was broken because the resident was in bed all the time continually complained of pain. -Resident #1 really did not want "us" (PCAs) to touch her. -"You would think something was wrong with the resident the way she screamed all the time." -Even when the resident first came to the facility, she was screaming "I am in pain." -When she went in to see the resident on 04/15/22, the resident was screaming she was in pain. -She did not know if it was because of her leg or just the resident screaming as usual. -Resident #1 would always say, "I am in pain, I'm in pain, I'm in pain," but she did not know if that was a "dementia thing." -She did not tell the MA when the resident said she was in pain because she did not know if the resident really was in pain. -Resident #1's body was contracted and she was very stiff. -When she tried to open the resident's legs to provide incontinence care it was hard to the get her legs open and the resident cried it hurt. Telephone interview with a first shift PCA on	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 76 05/17/22 at 3:14pm revealed: -Resident #1 always complained about being in pain and would say "don't hurt me." -She told the MA when the resident complained she was in pain and/or her leg was hurting. -The MA would say the resident had trauma from a previous hip replacement that caused the pain. -She did not know if the MA gave the resident pain medication. Interview with a second shift MA on 05/16/22 at 5:10pm revealed: -Resident #1 would always say to her "don't hurt me." -You could look at the resident and she would say "don't hurt me." -Resident #1 always yelled that she was in pain. -The resident mentally was not capable of asking for pain medication. -She did not give the pain medication each time she complained about being in pain. -She did not contact the resident's PCP when the resident complained about being in pain. -She did not document the resident was in pain or give the resident pain medication because the resident always complained about being in pain. -She could tell if the resident was really in pain by judging the resident's facial expression. -The resident had a scheduled tylenol, so she did not give the as needed pain medication for pain. -She was unable to recall how many times, if any, when she gave Resident #1 as needed medication for pain. -Once she told the scheduler/MA about the resident being in pain. -The Scheduler/MA was responsible for contacting the resident's PCP. Telephone interview with a first shift MA on 05/17/22 at 10:35am revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 77 -Resident #1 was "bedridden." -The resident could not get out of bed without at least 2 people assisting her. -Resident #1 would try to re-position herself in the bed but was usually unsuccessful to move her body. -Resident #1 would always say to her "don't hurt me, don't hurt me." -Resident #1 would always say she was in pain. -She could not remember if she had ever given the resident any medication for pain. -If she did not document that she gave pain medication, then she probably did not give the resident pain medication. -The resident's cry for pain was repetitive so she was not sure if the resident was truly in pain. -She thought the cry for pain was because the resident did not want to be touched or moved. -She did not notify the resident's PCP that the resident often complained about being in pain. Telephone interview with Resident #1's PCP on 05/13/22 at 4:03pm revealed: -She was in the facility every Thursday, and no one at the facility had informed her the resident continually complained of pain. -She wanted to be notified if a resident was constantly complaining about pain. -Someone from the facility should have made her aware of the resident's complaint about pain. Interview with the Executive Director/Administrator on 05/16/22 at 12:40pm revealed: -The resident did not get out of bed and was totally dependent on staff for all needs. -If the resident was in pain, an as needed pain medication should be administered. -If the pain medication did not help, then the PCP should be notified.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 78 -There should be documentation to show medication was administered and the PCP was notified. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm. 2. Review of Resident #6's current FL2 dated 06/14/21 revealed diagnoses included schizoaffective disorder, vitamin D deficiency, hypertension and gastroesophageal reflux disease. Review of Resident #6's hospital discharge summary dated 07/22/21 revealed: -The reason for the hospital visit was aspiration into the airway and dysphagia. -It was suggested to do a speech therapy evaluation. Review of Resident #6's orders dated 07/22/21 revealed an order for a speech therapy evaluation due to difficulty with swallowing. Review of Resident #6's orders revealed an order dated 07/30/22 due to quarantine measures the speech therapy evaluation could be delayed until the week of 08/09/21 to 08/13/21. Review of Resident #6's orders revealed dated 08/09/21 for speech therapy evaluation and treatment for esophageal and oral dysphagia for best restrictive diet and education and strategies. Review of Resident #6's speech therapy evaluation results dated 08/09/21 revealed: -The therapist documented as follows: -The resident complained of ongoing difficulty swallowing, coughing, and vomiting up her food when eating.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 79	D 273		

-The resident said she ate oatmeal three times a day because the kitchen could not puree her food or make it softer.
-The resident had dysphagia that was poorly controlled and was at risk for aspiration.
-The resident needed frequent adjustments in treatment and monitoring.
-Education was provided to facility staff and the facility's dietitian (kitchen manager) pertaining to swallowing strategies.
-The recommendations were to administer medications one pill at a time.
-The diet recommended was mechanical soft and puree if desired.
-Education, recommendations and requested physician order for dysphagia goals were left with the Resident Care Coordinator (RCC).

Review of Resident #6's progress notes, nurse's notes, and electronic medication administration record (eMAR) documentation revealed:
-There was no documentation the resident's PCP was notified the resident gagged, coughed and choked when consuming meals.
-There was no documentation the resident requested a pureed died.

Observation of the lunch meal on 05/10/22 at 12:32pm revealed:
-Resident #6 was served chopped turkey, brussel sprouts, stuffing, a dinner roll, a bowl of oatmeal.
-For a beverage she was served a glass of water.
-She was able to eat independently without difficulty, coughing or gagging.

Observation of the lunch meal on 05/12/22 at 12:30pm revealed:
-Resident #6 was served chopped chicken breast with pineapple pieces, mixed vegetables (diced carrots, corn, and green beans), rice, a bowl of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 80	D 273		

oatmeal, a piece of chocolate cake.
-For beverages, she was served a cup of water and a nutritional shake.
-She ate half of her chopped chicken and half of her rice.
-She picked all the diced carrots from her mixed vegetables and ate those.
-She ate all her oatmeal and chocolate cake.
-She did not have any coughing or gagging during the consumption of her meal.

Interview with Resident #6 on 05/10/22 at 10:08am revealed:
-She ate oatmeal three times daily because she needed soft foods.
-She had scarring on her esophagus from a previous illness.
-Due to the scarring on her esophagus, when eating foods that were not soft in texture, she sometimes coughed, choked and gagged.
-She had even had episodes of vomiting her foods back up because it bothered her esophagus.
-She had been to the hospital last year due to difficulty swallowing.
-The Dietary Manager (DM) told her that he was unable to puree her meal because the resident did not have an order for a pureed diet, so she ate oatmeal at every meal to ensure that she would have something to eat.
-If the meal consisted of soft vegetables or peanut butter, she was able to eat the meal.
-She wanted her foods pureed because then she would be able to eat all the meal.
-She was concerned about consuming a nutritionally balanced meal.
-She was unable to recall the last time she asked for a pureed meal.
-She recalled doing a speech evaluation with a therapist, but she was unable to recall if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 81	D 273		

therapist recommended a specific diet.
-She had not talked with her primary care provider (PCP) about getting a pureed diet because the DM said he was unable to puree her meal.

Interview with Resident #6 on 05/12/22 at 12:50pm revealed:
-She did not eat all her chicken, rice, or the green beans and corn on 05/12/22, because the texture was too tough or hard for her to chew and swallow.
-She previously asked for oatmeal at every meal because it was soft and easier for her to eat.
-Her lunch filled her up and she was no longer hungry.
-She did not drink her nutritional shake because she liked to take that back to her room with her.

Interview with the DM on 05/12/22 at 1:00pm revealed:
-He started working at the facility in October 2021 and at that time they had only been serving Resident #6 a bowl of oatmeal at every meal because the previous cook did not want to chop meat for one person's meal.
-He told the staff they needed to serve her a regular chopped meat meal plate at every meal so that she could have variety in her diet.
-He tried to chop up Resident #6's meats a little extra because he knew that she needed it.
-He had mentioned to one of the previous Administrators that Resident #6 needed a different diet order because she had trouble with the chopped meats, but with there being so many changes in administration, Resident #6 never received a new diet order.

Interview with the DM on 05/16/22 at 1:32pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 82	D 273		

-Resident #6 had episodes of coughing and gagging when consuming meals.
-He would not be the person to follow-up with the resident's PCP regarding the coughing and gagging when consuming meals.
-He told the previous Administrator, but nothing was done.
-He was told the resident wanted pureed foods, but there was no order for a pureed diet.
-If he had been given an order for a pureed diet then he would puree Resident #6's meal.

Interview with a second shift medication aide (MA) on 05/16/22 at 5:37pm revealed:
-There were certain foods that Resident #1 ate at every meal.
-The resident always requested oatmeal.
-Four months ago, she observed Resident #1 gagging when she got choked after consuming her meal.
-When an incident happened, the MA was supposed to notify the resident's PCP and put a note in the hot box to let every know what was going on with the resident.
-She did not report it to anyone because the resident told her that she got strangled.
-She did not document the incident and she did not contact the resident's PCP.
-She did not think the resident had weight loss, because the resident had always been thin.

Interview with a MA on 05/16/22 at 4:35pm revealed:
-Resident #6 gagged a lot when consuming meals.
-The resident complained about gagging and asked for tylenol for the pain in her throat.
-Resident #6 always ate oatmeal at dinner meals.
-It was the facility's policy that during mealtimes the PCAs were in the dining room and the MAs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 83	D 273		

stayed on the floor.
-She started hearing about the resident gagging and coughing when consuming meals within the past three weeks.
-Sometimes the personal care aides (PCAs) came upstairs and told her Resident #6 was gagging and coughing in the dining room.
-One day last week (unable to recall the exact date) she was told the resident was gagging and coughing in the dining when consuming meals.
-If she notified the RCC about the resident's gagging and coughing, it would have been the RCC's responsibility to notify the resident's PCP.
-The facility did not have an RCC from March 2022 to May 2022, so she did not notify anyone.
-She thought that she had told the resident's PCP but was unable to recall when.
-If she notified the resident's PCP, she would have documented in the resident's record or on the progress note.
-If there was no documentation, she had not notified the resident's PCP.

Telephone interview with a third MA on 05/17/22 at 11:07am revealed:
-Last week a PCA came upstairs and told her that Resident #6 was in the dining room choking on her food.
-When she got downstairs, the resident had stopped choking and was okay.
-She did not contact the resident's PCP and she did not document the incident in the resident's record.

Interview with a first shift PCA on 05/16/22 at 1:29pm revealed:
-Resident #6 ate foods that were soft.
-The resident needed to be on a pureed diet because she had episodes of choking and gagging when eating.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 84	D 273		

-Resident #6 had a couple of episodes of choking and needed staff to provide assistance to help her stop choking.
-The resident's last incident with choking when eating occurred last weekend.
-The PCAs made it a rule that Resident #6 could not eat her meals in her room.
-During meals all the PCAs were in the dining room and no one would be available to assist the resident if she got choked.
-Resident #6 needed to be watched when eating her meals.
-PCAs did not give the resident the right to eat in her room alone because it was scary when the resident got choked on food.

Telephone interview with a second shift PCA on 05/17/22 at 3:25pm revealed:
-Resident #6 always ate oatmeal for each meal.
-The oatmeal was watered down thin, so the resident could eat it without choking.
-Resident #6 sometimes got choked when consuming meals her dinner meals.
-On 2 to 3 occasions, she observed the resident got choked and coughed.
-She gave the resident water and it cleared up.
-She reported each time to the MA and the DM.
-The MA was responsible for contacting the resident's PCP.

Interview with the Scheduler/MA on 05/16/22 at 11:55am revealed:
-The RCC would have been responsible for contacting the speech therapist to obtain the results of the evaluation.
-She noticed when Resident #6 ate, she always had oatmeal and vegetables.
-She told staff to still give the resident a plate in front of her.
-Since she started working at the facility, she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 85	D 273		

thought the resident only wanted oatmeal, vegetables and fruit to eat at meals.
-No one made her aware the resident was requesting a pureed meal.
-She did not know the resident had problems with eating meats.
-If the resident was coughing and choking when eating her meals, the MA should have followed-up with the PCP.
-The PCP should have been notified the resident was requesting a pureed diet.

Interview with Resident #6's PCP on 05/12/22 at 9:22am revealed:
-She was not the provider for Resident #6 in July 2021.
-No one made her aware or provided her with the results from the speech therapy consultation and recommendations.
-No one informed her that Resident #6 had episodes of choking or gagging when consuming meals.
-No one had contacted her for an order for Resident #6's request for a pureed diet.
-She was in the facility every Thursday, and staff should verbally make her aware what was going on with the resident.

Interview with the Executive Director/Administrator on 05/16/22 at 12:34am revealed:
-She was not aware of Resident #6's diet.
-She was not aware Resident #6 had a speech therapy evaluation.
-She was not aware Resident #6 requested a pureed meal.
-On 05/13/22, after the surveyor made her aware, she told the DM if the resident requested a pureed meal, then the DM should have granted the resident's request.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 86 Telephone interview with the owner on 05/17/22 at 4:57pm revealed: -It was the resident's right to have whatever they request as long as it was not against the PCP order. -The DM should have provided and appropriate service to the resident. -If he was concerned, he should have asked someone to contact the PCP to clarify the order and/or the resident's request for a pureed diet. Attempted interview with the speech therapist on 05/13/22 at 9:05am was unsuccessful. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm. 3. Review of Resident #4's current FL2 dated 04/07/22 revealed: -Diagnoses included obesity, acute myocardial infarction, hyperlipidemia, hypertension, type 2 diabetes mellitus and chronic obstructive pulmonary disease. -The resident was intermittently disoriented, -The resident was semi-ambulatory using a wheelchair. -The resident was incontinent of bladder and bowel. a. Review of Resident #4's consultation report dated 01/10/22 revealed: -The therapist recommended skilled nursing facility (SNF) or assisted living facility (ALF) level of care. -Continue ADL training, transverse abdominis (TA) muscle training and therapeutic exercise (TE) for increased activity tolerance and independence.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 87	D 273		

Review of Resident #4's physician's orders dated 02/01/22 revealed, an order to start physical therapy (PT) was directed.

Review of Resident #4's summary visit from the primary care provider (PCP) dated 04/21/22 revealed:
-Resident #4 had muscle weakness.
-There was an order for PT evaluation and treat the resident's bilateral lower extremity weakness, unsteady gait and inability to perform routine ADLs.

Review of Resident #4's summary visit from the PCP dated 05/05/22 revealed:
-Resident #4 had both upper and lower extremity weakness with unsteady gait.
-Resident #4 was having difficulty performing routine ADLs independently.
-PT/OT (occupational therapy) was ordered to evaluate and treat for weakness and assistance with new a wheelchair.
-The PCP noted it was her reasonable expectation that Resident #4 could and would demonstrate improved function as a result of PT/OT intervention over the next two months.

Interview with Resident #4 on 05/10/22 at 8:50pm revealed:
-She had lived at the facility for 5 months.
-She came to the facility from the hospital.
-When she was in the hospital, she started PT.
-When she was discharged from the hospital, she was told that she needed to continue PT to get the strength back in her legs.
-She was currently in a wheelchair and she knew if she had PT, she would be able to walk again.
-She had not started PT since her admission to the facility.
-Her PCP wrote three orders for her to start PT

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 88	D 273		

and she still had not started PT.
-She told everyone that she was supposed to start PT, including the current Administrator.
-She told the Administrator last week that she was supposed to have PT and she still had not started PT as of today's date (05/10/22).

Interview with the Scheduler/medication aide (MA) on 05/16/22 at 11:41am revealed:
-Resident #4's orders for PT ended up missing.
-In February 2022, the previous Resident Care Coordinator (RCC) was responsible for scheduling PT/OT with outside providers.
-When the RCC left, she did not have access to obtain the orders or papers sent via email by the PCP.
-She had been unable to obtain the PCP notes and orders from the beginning of April 2022 to 05/10/22.
-She did not know about Resident #4's order for PT/OT.
-Recently, at the beginning of the month (unable to recall exact date) the resident made the current Administrator aware that she should be getting PT.
-That was the first time she heard about Resident #4 getting PT.
-She did not follow-up with the PCP to find out if the resident should be getting PT because it was the Scheduler/MA's responsibility to contact the PCP.
-She had been filling in for the RCC position since the RCC left and she was extremely busy and overwhelmed and did not contact the PCP.

Interview with a first shift MA on 05/11/22 at 2:21pm revealed:
-Resident #4 mentioned to her about getting PT about three weeks ago.
-The resident told her that she wanted to started

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 89	D 273		

PT but no one would schedule PT for her.
-The Scheduler/MA was filling in for the RCC and was responsible for scheduling the PT.

Interview with another MA on 05/16/22 at 4:41pm revealed:
-When Resident #4 came to the facility in January 2022, she told her that she was supposed to have PT.
-She did not tell anyone because the resident was very verbal.
-She did not follow-up with the PCP to see if Resident #4 should be getting PT because it was the responsibility of the Scheduler/MA to contact the PCP.

Interview with Resident #4's PCP on 05/12/22 at 9:48am revealed:
-She had written three orders for Resident #4 to get PT/OT.
-As of today's, date (05/12/22), Resident #4 had not received PT/OT.
-She did not know what the hold up was because the facility had in-house PT/OT.
-She did not know what facility staff were doing with her referral orders for PT/OT.
-Resident #4 told her that she had weakness in her lower extremities.
-The resident and her both felt with PT/OT in time, Resident #4 would improve to the point of possibly not needing a wheelchair.
-She was at her "wit's end" with the facility and did not know what to do.
-The facility was always losing paperwork and they did not follow through with her orders referring Resident #4 to PT and other providers.
-There was no documentation of her referral orders in the resident's record.
-A couple of weeks ago, she wrote an order for PT and handed it to the scheduler/MA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 90 Interview with the Executive Director/Administrator on 05/16/22 at 12:27pm revealed: -Within 24 hours or the next business day, she expected appointments to be made with outside agencies. -The Scheduler/MA was responsible to make appointments with outside providers for the residents. b. Review of Resident #4's physician order dated 04/28/22 revealed there was an order referring the resident to an allergy physician locally and request records from the previous immunologist's office. Interview with Resident #4 on 05/10/22 at 8:50pm revealed: -She had lived at the facility for 5 months. -She was supposed to have infusions to fight an infection. -Several years ago, it was discovered that she had an immunodeficiency syndrome. -She had not had the infusion for six months prior to coming to the facility. -Now it had been almost one year since she had an infusion. -She needed the infusion, because she felt herself getting sick again. -The primary care provider (PCP) had written several orders for the infusion and she still had not received the infusion. -No one had told her the infusions had been scheduled. Telephone interview with Resident #4's immunologist from a return telephone call on 05/13/22 at 8:16am revealed: -The last time Resident #4 had an infusion was	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 91	D 273		

August 2021.
-Resident #4 had infusions for years and the resident needed the infusions to maintain her health.
-She was surprised the resident had not been sick without having the infusions because she was previously very sick when she started the infusion.
-Resident #4 needed the infusions and she was very lucky if she had not gotten any infections.
-No one from the facility had contacted the office to inquire about the infusions or to inform them they were trying to locate a immunologist in another city.
-If the facility would agree to do annual visits with the physician, even by video, the physician would write an order for the infusion.
-The resident could then have the infusion at any clinic in the state.
-The infusion was with a medication called Gamunex (immune globulin injection).
-The medication was used to strengthen the body's natural defense system (immune system).
-The infusion lowered the risk of infection in a person with a weakened immune system.

Interview with the Scheduler/medication aide (MA) on 05/16/22 at 11:41am revealed:
-She remembered the PCP writing an order referring Resident #4 to an allergist in the local area.
-The problem was Resident #4 had previously been seen by an immunologist in another city.
-The facility would not take the resident to the other city.
-She needed a physician in the local area.
-The order was given to the Transportation driver to schedule an appointment with the local immunologist.
-She recalled the Transportation driver asked

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 92	D 273		

what type of infusion.
-She thought the order was written on 04/05/22 or 04/28/22.
-The PCP told her she did not know the specific name of the infusion, but she suggested to follow-up with the previous immunologist to obtain medical records regarding the infusion.
-As of today's, date (05/16/22), she had not contacted Resident #4's previous immunologist to obtain the name of the infusion.
-She had been filling in because the facility did not have an RCC and she did not have time.
-When the Transportation driver made an appointment for a resident, she let the resident know by putting an appointment reminder on the resident's door.

Interview with the Transportation driver on 05/16/22 at 4:45pm revealed:
-She received an order dated 04/28/22 for Resident #4's infusions.
-She needed clarity on the type of infusions the resident needed.
-She talked with the resident's PCP on 05/05/22 and the PCP instructed her to contact the previous immunologist to obtain the name of the infusion.
-She asked the Scheduler/MA to obtain the information for her and to continue to follow-up with the PCP.

Interview with the facility's PCP on 05/12/22 at 9:48am revealed:
-She had written several orders for Resident #4's infusions.
-The resident was unable to recall the exact name of the infusion, so she instructed the facility to contact the immunologist to obtain the name of the infusion.
-She wrote an order for a new allergist in the area

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 93	D 273		

because the Scheduler/MA said they could not take the resident to another city for the infusion.
-She did not know what the hold-up was or why facility staff were not following her referral to make an appointment with an allergist in the area.
-She was at her "wit's end" with the facility and did not know what to do.
-The facility was always losing paperwork and they did not follow through with her orders referring the resident to an allergist.
-A couple of weeks ago she wrote another order referring Resident #4 to an allergist in the local area for the infusion.
-She handed the order to the scheduler/MA, as of today's, date (05/12/22), Resident #4 had not been scheduled for an infusion.
-In the order she gave instructions to contact the previous practitioner to obtain paperwork regarding the infusion for the new immunologist.

Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm.

4. Review of Resident #8's current FL2 dated 04/07/22 revealed:
-Diagnoses included chronic constipation, schizoaffective disorder bipolar type, and hyperglycemia.
-Resident #8 was constantly disoriented and was semi-ambulatory.

Review of Resident #8's progress notes revealed:
-On 04/16/22, Resident #8 was starting to talk to herself more and more each day.
-On 05/02/22 at 10:45pm, Resident #8 refused her night medications; Resident #8 was very calm, quiet, and sad; the MA asked Resident #8 if she was okay and Resident #8 did not respond.
-On 05/04/22 at 7:22pm, Resident #8 refused all her medication for the past 3 days with no food or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 94	D 273		

water.
-On 05/05/22 at 9:54am, Resident #8 refused care and stated she was not feeling well; the MA would notify Resident #8's primary care provider (PCP).

Review of the facility's shift note dated 05/02/22 revealed:
-Resident #8 was not doing well.
-Resident #8 did not want to drink or eat her dinner meal.
-Resident #8 refused her medications.
-The medication aide (MA) asked the resident if she was sick, had a headache, or if her stomach hurt.
-There was no response documented in the note.
-There was no documentation which MA wrote the shift note.

Review of the facility's shift note dated 05/06/22 (This date should have been 05/05/22.) revealed:
-A home health nurse came by Resident #8's room, assessed her, and said Resident #8 was depressed.
-After calling 911 to take Resident #8 to the hospital for observation, Resident #8 came out of her room into the hallway crying and yelling about another resident who was taken to the hospital previously.
-Resident #8 was wrapped up in a comforter and was argumentative about putting clothes on.
-Resident #8 got tangled up in the bedding and fell over on her side hitting her head on the elevator door frame.
-Resident #8 was transported to the hospital and was admitted.

Review of Resident #8's incident/accident report dated 05/06/22 revealed:
-Resident #8 came running out of her room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 95	D 273		

asking about another resident who was sent out to the hospital.
-She was foaming from the mouth and breathing heavily.
-She then fell to the floor and hit her head on the wall.
-There were no apparent injuries.
-Resident #8 refused her meal the day before.
-There was a major change in her behavior.

Interview with the Scheduler/MA on 05/13/22 at 12:24pm revealed:
-She completed an incident/accident report dated 05/05/22 for Resident #8 which documented Resident #8 refused meals the day before and had a major change in her behavior.
-Resident #8 started having changes in her behavior a few days before she was admitted to the hospital.
-Resident #8 did not want to eat and wanted to stay in bed.
-Resident #8 was usually up out of bed, out smoking and ate in the dining room.
-Staff was taking her meals to her in her room and tried to get her to smoke, but she would not get up to smoke.
-On 05/05/22, Resident #8 came running out of her room looking for her friend and she was foaming at the mouth.
-Resident #8 backed up to the wall, lost her balance, and fell on her back hitting her head on the wall.
-Emergency Medical Services (EMS) was contacted and Resident #8 was transported to the local hospital.
-A MA told her she contacted Resident #5's PCP on 05/03/22 to inform her about Resident #8's behavior changes.
-She had not contacted Resident #5's PCP since she started having changes in behaviors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 96	D 273		

Resident of a local hospital's medical record for Resident #8 dated 05/08/22 revealed:
-Resident #8 was admitted to this hospital from a different hospital on 05/08/22 with erratic behaviors, abnormal crying, repeated statements, confusion, thought disorganization and responding to internal stimuli.
-Resident #8 was withdrawn and depressed with poor insight and judgement.
-Resident #8 presented for further evaluation of crying on and off, depression, paranoia, and auditory and visual hallucinations.
-Per reports, she thought someone was watching her at the assisted living facility.
-She would yell out for another resident and say bizarre things.
-The facility reported Resident #8 was seen reacting to internal stimuli and having confusion.

A request for Resident #8's hospital medical record dated 05/05/22 was requested on 05/13/22 and was not received.

Interview with the Resident Care Coordinator (RCC) on 05/16/22 at 12:34pm revealed:
-No one reported any changes with Resident #8 to her.
-She expected staff to report any changes to her so she could reach out to Resident #8's PCP.

Interview with a personal care aide (PCA) on 05/16/22 at 2:00pm revealed:
-Resident #8 was not eating for 3 to 4 days before she went out to the hospital.
-She was not going down to the dining hall as she usually did, so staff brought meal trays to her room, but she still would not eat.
-Resident #8 had also stopped going out to smoke and she usually smoked regularly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 97 -She told the MA working during her shift Resident #8 was not eating and the MA was supposed to call the Resident #8's PCP. Interview with a MA on 05/16/22 at 4:15pm revealed: -She noticed a couple of days before Resident #8 was admitted to the hospital that she did not want to be bothered as much. -She worked with Resident #8 once in the days leading up to her hospitalization and Resident #8 refused to eat her lunch once. -She tried to offer Resident #8 snacks and she did not want them. -She only knew of one day prior to Resident #8's hospitalization that she did not feel well, and nobody reported anything else to her. Interview with a second MA on 05/16/22 at 5:50pm revealed: -On 05/05/22, Resident #8 was upset because another resident was taken to the hospital on the same day and she wanted to go. -There was a home health nurse in the facility visiting another resident and the nurse assessed Resident #8 to be severely depressed; she did not know what home health agency the nurse was from or who the nurse was in the facility to visit. -Resident #8 came out of her room into the hallway wearing a bra and an incontinence brief and was wrapped in her bed comforter. -Resident #8 was hollering, screaming, and crying asking where the other resident was. -The Scheduler/MA tried to calm her down and she started moving backwards towards the elevator alcove. -She must have tripped over her comforter because she fell, and it looked like she hit her head on the frame of the elevator.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 98	D 273		

-She called EMS and Resident #8 was sent out to the hospital.
-In the days leading up to 05/05/22, Resident #8 would not eat, was not getting up to go to the dining hall, and she would not take her medications at times.
-Resident #8 would just lay in bed.
-She did not contact Resident #8's PCP about her changes.
-She told the Scheduler/MA and documented in Resident #8's progress notes.

Telephone interview with Resident #8's mental health provider (MHP) on 05/13/22 at 11:03am revealed:
-He would have expected the facility to contact him with any changes in behaviors.
-He was not notified Resident #8 had changes in behaviors or was hospitalized until after the fact.

Telephone interview with Resident #8's PCP on 05/13/22 at 4:20pm revealed:
-The facility staff did not notify her Resident #8 was not at her baseline and was having changes in her behaviors prior to her hospitalization on 05/05/22.
-She was at the facility and saw Resident #8 on a routine visit on 05/05/22 (before she was sent out to the hospital).
-When she saw Resident #8 on 05/05/22, she was laying in the bed with her head at the foot of the bed and her feet at the top of the bed, and she was covered up with a blanket.
-She did not know Resident #5 was sent out to the hospital on 05/05/22 until her next weekly visit to the facility on 05/12/22.
-The facility staff did not offer any information.
-She walked on each floor of the facility during her weekly visits and asked which residents had falls or any current issues, because staff did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 99	D 273		

notify her between visits.
-She expected the facility to let her or Resident #8's MHP know she was not at baseline, not feeling well, or not taking her medication.
-It would have been nice to have been informed the same day changes were identified and she would have ordered a urinalysis or reminded staff to collect a urine sample and send it to the lab.

Interview with the Administrator on 05/13/22 at 10:03am revealed:
-Resident #8 was sent out to a local hospital because she was not feeling well.
-The local hospital reported Resident #8 had a severe urinary tract infection (UTI).
-Resident #8 was transferred to a behavioral health unit at another local hospital.

Interview with the Administrator on 05/16/22 at 1:24pm revealed:
-She did not know there had been changes in Resident #8's health or behaviors.
-She expected MAs to contact Resident #8's PCP regarding changes or let the RCC know so she could have contacted the RCC.

Interview with the Owner/Licensee on 05/17/22 at 4:27pm revealed:
-He expected PCAs and MAs to inform their supervisors of any resident concerns.
-The supervisors were to notify the Resident's PCP right away to discuss care and any other proactive measures.

Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful.

Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 100 5. Review of Resident #5's current FL2 dated 04/07/22 revealed: -Diagnoses included Type 2 Diabetes, major depressive disorder, and anxiety. -She was intermittently disoriented. a. Review of Resident #5's signed physician order dated 12/30/21 revealed an order to increase Novolog (a rapid-acting insulin used to lower blood sugar spikes at mealtime) dose to 19 units for fingerstick blood sugar (FSBS) of 100-399, and to give 23 units if FSBS was 400-500. Review of Resident #5's physician order dated 03/15/22 revealed an order to change Novolog sliding scale insulin (SSI) to: 0-99 = 0 units, 100-200 = 18 units, 201-300 = 25 units, 301-400 = 30 units, 401-500 = 35 units, 501 or higher notify the primary care provider (PCP). Review of Resident #5's signed order summary report dated 04/07/22 revealed: -There was an order for FSBS checks before all meals, and to call the PCP for a FSBS reading less than 80 or greater than 500. -There was an order for Novolog SSI: FSBS 0-99 = 0 units, 100-200 = 18 units, 201-300 = 25 units, 301-400 = 30 units, 401-500 = 35 units, 501 or higher notify the PCP. Review of Resident #5's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for scheduled FSBS before meals daily at 7:30am, 11:30am, and 4:30pm. -There was an entry for Novolog SSI: If 0-99 = 0 units, 100-399 = 19 units, 400-500 = 23 units, and notify the PCP if FSBS greater than 500; order discontinued after the 11:30am dose on 03/15/22.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 101 -There was an entry for Novolog SSI: 0-99 = 0 units, 100-200 = 18 units, 201-300 = 25 units, 301-400 = 30 units, 401-500 = 35 units, 501 or higher notify the PCP; order start date was for the 4:30pm dose on 03/15/22. -There was documentation that Resident #5's FSBS was over 500 on 9 occasions from 03/01/22 through 03/31/22. -There were 5 occasions when the PCP was not notified with examples as follows: -On 03/11/22 at 4:30pm, FSBS was documented as 539; there was a progress note documenting "very high over the sliding scale". -On 03/16/22 at 7:30am, FSBS was documented as 524. -On 03/16/22 at 11:30am, FSBS was documented as 536. -On 03/24/22 at 11:30am, FSBS was documented as 530. Review of Resident #5's April 2022 eMAR revealed: -There was an entry for scheduled FSBS before meals daily at 7:30am, 11:30am, and 4:30pm. -There was an entry for Novolog SSI: 0-99 = 0 units, 100-200 = 18 units, 201-300 = 25 units, 301-400 = 30 units, 401-500 = 35 units, 501 or higher notify the PCP. -There was documentation that Resident #5's FSBS was over 500 on 4 occasions from 04/01/22 through 04/30/22. -There was one occasion when the PCP was not notified with example as follows: -On 04/20/22 at 11:30am, FSBS was documented as 558. Review of Resident #5's May 2022 eMAR revealed: -There was an entry for scheduled FSBS before meals daily at 7:30am, 11:30am, and 4:30pm.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 102 -There was an entry for Novolog SSI: 0-99 = 0 units, 100-200 = 18 units, 201-300 = 25 units, 301-400 = 30 units, 401-500 = 35 units, 501 or higher notify the PCP. -There was documentation that Resident #5's FSBS was over 500 on 6 occasions from 05/01/22 through 05/10/22. -There were 4 times when the PCP was not notified with examples as follows: -On 05/02/22 at 11:30am, FSBS was documented as 518. -On 05/04/22 at 7:30am, FSBS was documented as 593; there was a progress note that documented the PCP would be notified, but no documentation that the notification had been done. -On 05/04/22 at 4:30pm, FSBS was documented as 505. -On 05/05/22 at 4:30pm FSBS was documented as 502. Interview with a medication aide (MA) on 05/11/22 at 11:15am revealed: -She had checked Resident #5's FSBS on 03/16/22 at 7:30am and 11:30am, and 05/04/22 at 7:30am when the FSBS was over 500. -She knew Resident #5's FSBS order instructed to call the PCP for FSBS higher than 500. -She thought she always notified the PCP office when Resident #5's FSBS was over 500, but usually she had to leave a message on their answering service, and she did not usually get a phone call back with any additional or new orders. -One time, she had been told by the PCP to just give 35 units of Novolog each time Resident #5 had a FSBS higher than 500, so that was what she did unless the PCP called her back with other orders. Interview with a second MA on 05/11/22 at	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 103 12:00pm revealed: -She had checked Resident #5's FSBS on 05/05/22 at 4:30pm when the FSBS was over 500. -Whenever Resident #5 had a FSBS higher than 500 she would administer 35 units of Novolog which was the maximum amount listed on her sliding scale, then call the PCP office and leave a message on their answering service for the PCP to call back with further instruction. -She documented her notifications in the progress notes in the eMAR. -She could not remember if she had notified the PCP on 05/05/22 or not; she did not remember the PCP calling her back with any additional orders if she had. -The PCP did not always call back with further instruction when she called regarding Resident #5's FSBS being over 500 because it happened often due to her buying snacks from the vending machine. -She left her personal cell phone number for the PCP to call her back on since the phone on that floor of the building did not work. -She did not know if anyone was responsible for completing audits of the eMAR to ensure all orders were being followed regarding updated the PCP for FSBS higher than 500. Interview with the PCP on 05/12/22 at 9:30am revealed: -Resident #5 did not follow her diet recommendation to limit sweets and was often asking for second helpings in the dining room. -She received calls from the MAs when Resident #5's FSBS was over 500 but she had a hard time getting back into contact with the MAs when returning their calls because she would get stuck on hold for longer than she could wait. -She expected the MAs to always check FSBS	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 104	D 273		

prior to Resident #5 eating her meals, to contact her when the FSBS was higher than 500, and to be available to answer the phone when she returned their call so she could give additional orders if needed.

Interview with the Scheduler/MA on 05/13/22 at 11:40am revealed:
-She had been responsible for the duties of the Resident Care Coordinator (RCC) until one week prior when they hired the new RCC.
-It had been her responsibility for completing audits of the eMAR, but she had too many responsibilities at that time, so the audits did not get done.
-She had checked the MAs documentation about every other week, but had not noticed there were days where the PCP had not been notified of Resident #5's FSBS being over 500.
-Whichever MA had checked Resident #5's FSBS when it was over 500 was responsible for notifying the PCP.
-The MAs all knew they were supposed to leave their personal cell phone number as the call back number for the PCP since the phone on that floor of the building had not been working.

Interview with a third MA on 05/16/22 at 10:45am revealed:
-She had checked Resident #5's FSBS on 04/20/22 at 11:30am and 05/02/22 at 11:30am when the FSBS was over 500.
-She had once notified the PCP of Resident #5's FSBS being over 500 and was told by the PCP to just administer 35 units of Novolog when that happened; she did not write down the verbal order because she did not know if the PCP wanted all of the MAs to carry out that order.
-She notified the PCP of Resident #5's FSBS being over 500 every time it happened so she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 105	D 273		

was not sure why there was no progress note in the eMAR with her documentation.
-The PCP had never called her back with orders to give additional units of SSI but she still called to notify her when it happened.
-When she called the PCP office, she always left the facility's phone number; she was never told she had to leave her personal cell phone number for the PCP to call her back on.
-There was always someone on the first floor of the building to answer the phone; they would just need to run the phone up to Resident #5's floor if the PCP called back.
-She did not know if second and third shift MAs were told to leave their personal cell phone numbers since the secretary left work at 5:00pm.
-Resident #5 always came to the medication cart to have her FSBS checked prior to getting on the elevator to go to the first floor for her meals.
-She did not know of any occasion where Resident #5 had her FSBS checked after she had eaten a meal rather than before.

Interview with the Administrator on 05/16/22 at 1:05pm revealed:
-She was not aware that Resident #5 had FSBS readings higher than 500 without documented notification to the PCP as ordered.
-When Resident #5 had a FSBS higher than 500 she expected the MAs to call the PCP and be available by the phone for the PCP to call back.
-She expected the MAs to document in a progress note what time they called the PCP, what the PCP's recommendation or new orders were, and how many units of insulin the MA administered to Resident #5, along with any FSBS rechecks the MA did.
-If the MA left a message for the PCP and did not hear back from her, she expected them to send Resident #5 to the Emergency Room (ER) for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 106	D 273		

further treatment of high blood sugar.
-The MAs who worked shifts when the secretary was not available to answer the main phone were supposed to leave their personal cell phone number for the PCP to call them back on until they got the phone on the resident floors fixed.

Attempted interview with Resident #5 on 05/13/22 at 1:20pm was unsuccessful.

b. Review of Resident #5's primary care provider (PCP) routine visit note dated 04/21/22 revealed:
-Resident #5 was taking an oral anti-diabetic medication twice daily, a long-acting insulin twice daily, and sliding scale insulin (SSI) three times daily before meals.
-Her blood sugars were consistently over 200 regardless of the time of day.
-She did not follow diet recommendations for diabetes and had a noted weight gain over 80 pounds within the last year.
-There was an order to refer Resident #5 to an endocrinologist for diabetes management.

Interview with Resident #5's PCP on 05/12/22 at 9:30am revealed:
-Resident #5 was non-compliant with her recommendations regarding portion control and snacking.
-Resident #5 was already taking a long-acting insulin twice daily along with the oral anti-diabetic pill and SSI, so she referred her to endocrinology because she did not know how else to manage her blood sugars with the non-compliance.
-She wrote the referral to endocrinology at least twice and had not yet seen any notes from the specialist.
-She did not know if the facility had scheduled an endocrinology appointment for Resident #5 or not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 107 Interview with the Corporate Nurse on 05/12/22 at 11:17am revealed: -The facility staff had not seen the order referring Resident #5 to endocrinology. -They had not scheduled an appointment for Resident #5 to see endocrinology up to that point. -The Resident Care Coordinator (RCC) would have been responsible for identifying and implementing new orders from the PCP but it had gotten overlooked and she did not know why. Interview with the Scheduler/medication aide (MA) on 05/13/22 at 11:40am revealed: -She had been responsible for the duties of the RCC when the endocrinology referral had been written on 04/21/22. -She and the previous Administrator worked together to process and implement new orders from the PCP. -The PCP usually sent her routine visit notes to the facility in a secured electronic mail (email) format which required a password for access. -She had just obtained a password to access the PCP's email on 05/10/22. -She did not know who, if anyone, was opening and processing PCP notes and orders from the email before she received a password and access to the emails. -When she received an order for a referral, she would leave it in the mailbox for the transportation staff and they would be responsible for scheduling the appointment. Telephone interview with the Transporter on 05/16/22 at 4:50pm revealed: -When new referral orders were written, the RCC or scheduler would either leave the order in her mailbox or in a pile in the main office. -Once she was given a referral order, it was her	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 108 responsibility to schedule the appointment and then transport the resident to that appointment. -She was unaware of a referral for Resident #5 to see an endocrinologist. -She did not make an appointment for Resident #5 to see an endocrinologist. Interview with the Administrator on 05/16/22 at 1:05pm revealed: -She was not aware that Resident #5 had been referred to endocrinology and that the referral had not been sent. -She expected all referrals to be sent within 24 hours of the facility receiving the order. Attempted interview with Resident #5 on 05/13/22 at 1:20pm was unsuccessful. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm. _____ Telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm revealed: -Two and one-half weeks ago he told staff, "if you see something, say something". -He wanted PCAs and MAs to make sure management was aware of what was happening with the residents. -The expectation was never given to staff to document regarding following-up with the PCP, but going forward the goal was to make sure staff were documenting. -He expected the PCP and/or medical practitioner to be notified right away when something involved a resident. -If there were orders referring a resident to another agency then that should be acted upon right away or at least sometime during the shift, and information put in the communication log to make sure it was followed up on.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 109 The facility failed to notify the PCP for a resident's complaint of pain resulted in two unknown femur fractures with complications that contributed to the resident's death (#1), failure to notify the PCP for a resident with a history of aspiration had episodes of coughing and gagging when consuming meals placed the resident at risk for aspiration pneumonia and/or death (#6), failure to obtain a provider for a resident to receive immungobulin injections with a history of immunodeficiency syndrome and a weakened immune system which placed the resident at risk for a severe infections and possibly death, failure to follow PCP's referrals for physical therapy which placed the resident a risk for falls and severe injury (#4), failure to follow-up with the PCP for blood sugars greater than 501 and failure to follow-up with the PCP's referral for an endocrinologist appointment for diabetes management which placed the resident at risk for complications of heart disease, blindness and other illnesses associated with uncontrolled diabetes (#5), and failure to notify the PCP when a resident had changes in behavior which resulted in a resident being hospitalized (#8). This failure resulted in residents sustaining physical harm, neglect and death which constitutes a Type A1 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/12/22 for this violation. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 16, 2022.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 110	D 276		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews and record reviews, the facility failed to ensure orders for 1 of 6 sampled residents (#8) were implemented related to orders for a urinalysis. The findings are: Review of Resident #8's current FL2 dated 04/07/22 revealed: -Diagnoses included chronic constipation, schizoaffective disorder bipolar type and hyperglycemia. -Resident #8 was constantly disoriented and was semi-ambulatory. -Resident #8 was continent of bladder and bowel. Review of Resident #8's order summary report dated 04/07/22 revealed: -There was an order for facility staff to collect a urine sample for signs and symptoms of a urinary tract infection (UTI) that included pain while urinating, blood in urine, increase in urinary frequency, fever, lower back pain, foul smelling urine change in baseline mentation such as	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 111	D 276		

confusion or agitation.
-Staff were to submit lab request with provided code and call the designated lab company to pick up refrigerated specimen.

Review of Resident #8's primary care provider's (PCP) visit note dated 04/21/22 revealed:
-Resident #8 was seen for a routine visit.
-Resident #8 reported urinary urgency and frequency over the last 3 days.
-She requested the facility send a sample for a urinalysis to rule out a urinary tract infection (UTI).
-Resident #8's new patient lab work indicated she was in moderate chronic kidney disease.

Review of Resident #8's progress notes revealed:
-On 05/02/22 at 1:45am, Resident #8 refused her night medications; Resident #8 was very calm, quiet, and sad; the MA asked Resident #8 if she was okay and Resident #8 did not respond.
-On 05/04/22 at 7:22pm, Resident #8 refused all her medication for the past 3 days with no food or water.
-On 05/05/22 at 9:54am, Resident #8 refused care and stated she was not feeling well; the MA would notify Resident #8's PCP.

Review of the facility's shift note dated 05/02/22 revealed:
-Resident #8 was not doing well; she did not want to drink or eat her dinner meal.
-Resident #8 refused her medications.
-The medication aide (MA) asked the resident if she was sick, had a headache, or if her stomach hurt.
-There was no response documented in the note.
-There was no documentation as to which MA wrote the shift note.

Review of Resident #8's record revealed no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 112	D 276		

documentation a urinalysis was completed for Resident #8 in April 2022 or May 2022.

Review of Resident #8's incident/accident report dated 05/05/22 revealed:
-Resident #8 came running out of her room asking about another resident who was sent out to the hospital.
-She was foaming from the mouth and breathing heavily.
-She then fell to the floor and hit her head on the wall.
-There were no apparent injuries.
-Resident #8 refused her meal the day before.
-There was a major change in her behavior.
-Resident #8 was admitted to the local hospital with a urinary tract infection (UTI).

Resident of a local hospital's medical record for Resident #8 dated 05/08/22 revealed:
-Resident #8 was admitted to the hospital from another local hospital on 05/08/22.
-Resident #8 had a UTI diagnosed at the discharging hospital on 05/06/22.
-Resident #8 was to continue antibiotics at the local hospital to complete the UTI treatment course.
-Resident #8 started on antibiotics twice daily on 05/06/22 at the previous hospital and would end the treatment on 05/13/22 at the current hospital.

Interview with the Administrator on 05/13/22 at 10:03am revealed:
-Resident #8 was sent out to a local hospital because she was not feeling well.
-The local hospital reported Resident #8 had a severe UTI.
-Resident #8 was transferred to a behavioral health unit at another local hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 113	D 276		

Interview with the Scheduler/medication aide (MA) on 05/13/22 at 12:24pm revealed:
-She completed an incident/accident report dated 05/05/22 for Resident #8 which documented Resident #8 refused meals the day before and had a major change in her behavior.
-Resident #8 started having changes in her behavior a few days before she was admitted to the hospital.
-Resident #8 did not want to eat and wanted to stay in bed.
-Resident #8 was usually up out of bed, out smoking and ate in the dining room.
-Staff was taking her meals to her in her room and tried to get her to smoke, but she would not get up to smoke.

Telephone interview with the Scheduler/MA on 05/17/22 at 2:57pm revealed:
-She worked completed the staffing schedule and worked as a MA, but she had been assisting with responsibilities of the Resident Care Coordinator (RCC) until one was hired.
-The RCC would have been responsible for sending urine samples to the lab for testing, but she was responsible during the time there was no RCC which was up until about 2 to 3 weeks ago.
-Staff would typically collect a urine sample and send it to the lab for residents who were acting differently or had changes in behaviors.
-There was no urine collected or sent to the contracted lab for Resident #8 in the days leading up to Resident #8's hospitalization when she was displaying changes in behaviors.
-There were urine collection cups at the facility, but she did not know which lab to send the cups to.
-The facility contracted lab brought additional cups to the facility about two weeks ago and that was when she found out which lab to send urine

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 114	D 276		

samples to.
-She did not think Resident #8 had a UTI prior to her being sent to the hospital on 05/05/22.
-Resident #8 had a UTI before and her symptoms were different; she was out of it last time she had trouble concentrating with the previous UTI.

Telephone interview with the RCC on 05/17/22 at 3:11pm revealed:
-Resident #8 was sent out to a local hospital on 05/05/22.
-She received a call from the local hospital after Resident #8's admission and was informed Resident #8 had a UTI and was being transferred to behavioral health at another local hospital.
-She did not know of any orders to have a urinalysis completed including a standing order when signs or symptoms were present.
-She did not know if Resident #8 had a urinalysis performed prior to her hospital admission on 05/05/22.
-No one expressed any concerns to her or need for a urinalysis.
-With Resident #8 having a standing order for a urinalysis, if anything changed in her demeanor, that should have been a red flag to collect the resident's urine for a urinalysis and notify Resident #8's PCP.

Telephone interview with Resident #8's PCP on 05/13/22 at 4:20pm revealed:
-She wrote a blanket order for residents at the facility for the facility staff to collect a urinalysis when a resident was above or below their baseline and send the sample to a local lab.
-The local contracted lab had sent out supplies to the facility for staff to collect urine samples.
-She expected staff to complete a urinalysis for Resident #8 when she was not at her baseline.
-Over time, an undiagnosed UTI could have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 115 caused infection or sepsis. Telephone interview with the Administrator on 05/17/22 at 4:08pm revealed: -She had seen the blanket order from the facility's contracted PCP for a urinalysis for residents with symptoms of a UTI. -She would have expected staff to collect a urine sample from Resident #8 and for the Scheduler/MA or the RCC to call to have the sample picked up by the contracted lab if there was suspicion of a UTI. -Staff told her Resident #8 had a little loss of appetite and an upset stomach. Telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm revealed he would have expected staff to collect Resident #8's urine and have it sent to the lab when they noticed changes in her behaviors. Attempted telephone interview with Resident #8's responsible party on 05/16/22 at 1:24pm was unsuccessful. _____ The facility failed to ensure a urinalysis was obtained to rule out a UTI for 1 of 6 sampled residents (#8) who had orders for a urinalysis and changes in her baseline mentation resulting in the resident being diagnosed with a severe UTI upon a hospital admission which could have resulted in infection or sepsis. This failure resulted in substantial physical harm and neglect which constitutes a Type A2 Violation. _____ A plan of protection was requested from the facility in accordance with G.S. 131D-34 on 05/20/22. CORRECTION DATE FOR THE TYPE A2	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 116 VIOLATION SHALL NOT EXCEED JUNE 16, 2022.	D 276		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure a resident	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 280	Continued From page 117	D 280		

assessment was completed within 30 days of identifying a licensed health professional support (LHPS) task for 2 of 6 sampled residents (Residents #1 and #2) who had continuous oxygen, treatment for stage 2 ulcers and required assistance with ambulation and transferring (#1), and a resident who required assistance with transfers and ambulation (#2).

The findings are:

1. Review of Resident #1's current FL2 dated 04/07/22 revealed:
-Diagnoses included cerebral ischemia, vascular dementia, hypertension, chronic kidney disease stage 4, gastroesophageal reflux disease, hypothyroidism, abdominal aortic aneurysm, chronic obstructive pulmonary disease, coronary artery disease, dependency on oxygen and depression.
-The resident was constantly disoriented.
-The resident was semi-ambulatory and incontinent of bladder and bowel.
-The resident required personal care assistance with bathing, feeding and dressing.
-There was an order for oxygen three liters continuously.
-The resident had two stage 2 ulcers on her buttocks.

Review of Resident #1's previous hospital discharge summary report dated 03/21/22 revealed and order for oxygen therapy at 3 liter per minute continuously.

Review of Resident #1's home health agency report dated 03/08/22 revealed:
-During the initial assessment the therapist documented that someone must assist the resident with grooming and eating.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 280	Continued From page 118 -The resident was entirely dependent on facility staff for dressing, bathing, toileting, ambulation and transferring. -Resident #1's cognitive behavioral and psychiatric symptoms that were demonstrated at least once a week included: -Memory deficit and failed to recognize familiar persons/places. -The resident was unable to recall events of the past 24 hours. -The resident had significant memory loss so that supervision was required. -The resident had impaired decision making and was unable to perform ADLs appropriately and her safety was jeopardized through actions. -The resident was on continuous oxygen at 3 liters per minute. -The resident had two stage 2 ulcers on her buttocks. Review of Resident #1's LHPS evaluation dated 03/17/22 revealed: -The evaluation was completed by a registered nurse (RN). -The RN documented the resident was "alert and able to verbalize needs." -The resident was out of the facility at present and he was unable to assess the resident. Review of Resident #1's hospital discharge summary report dated 03/21/22 revealed Resident #1 was hospitalized from 03/15/22 through 03/21/22. Telephone interview with the contracted RN who completed the Licensed Health Professional Support (LHPS) evaluation on 05/16/22 at 9:27am revealed: -He did not see Resident #1 and he did not know what the resident looked like.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 280	Continued From page 119 -His documentation was what staff told him. -He never met Resident #1. -He was new and did not know the residents. -He came to the facility every Friday and staff told him which residents to see. -The facility did not have complete records on the residents. -The paperwork was all in folders and there was not a lot of paperwork. -He had no idea which residents had LHPS tasks. -He did not know which residents' LHPS were due, and he did not do an assessment of the residents. Interview with the Scheduler/medication aide (MA) on 05/16/22 at 11:43am revealed: -She was not aware that Resident #1's LHPS evaluation was not completed. -Resident #1 had oxygen continuous at 3 liters per minute. -Resident #1 was non-ambulatory and was unable to transfer herself. -Resident #1 was being treated by home health for two stage 2 ulcers on her bottom. -The Resident Care Coordinator (RCC) was responsible to ensure the LHPS evaluations were completed for residents. -The facility was without an RCC from the end of April 2022 until last week. -An RN contracted through the pharmacy recently started completing the LHPS evaluations. -After the RCC left the Executive Director/Administrator was responsible for letting the RN know what residents required LHPS evaluations. Interview with the Executive Director/Administrator on 05/16/22 at 12:58pm revealed: -She started working at the facility on 04/11/22.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 280	Continued From page 120	D 280		

-She did not know Resident #1 did not have an LHPS evaluation completed.
-She knew the RN came to the facility but at the time she did not know what residents had LHPS tasks.

2. Review of Resident #2's current FL2 dated 04/07/22 revealed:
-Diagnoses included epilepsy, major depressive disorder, anxiety disorder, hyperlipidemia and gastro-esophageal reflux disease (GERD).
-She was intermittently disoriented.
-She needed personal care assistance with bathing and dressing, and she was incontinent of bladder and bowel.
-She was semi-ambulatory with use of a wheelchair.

Review of Resident #2's Care Plan dated 04/13/22 revealed she required extensive assistance with toileting and transferring.

Review of Resident #2's Licensed Health Professional Support (LHPS) evaluation dated 03/17/22 revealed:
-Primary diagnoses included epilepsy, edema, anxiety disorder, GERD, and major depressive disorder.
-There was a note documenting Resident #2 was alert and able to verbalize her needs, she was independent for ambulation and most activities of daily living (ADL), and that there were no LHPS tasks at present.
-The follow-up recommendation was to continue the same plan of care.

Observation of Resident #2 on 05/11/22 at 11:40am revealed:
-She was sitting in a wheelchair in her bedroom.
-She had use of her arms and was able to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 280	Continued From page 121 gesture while talking. Interview with Resident #2 on 05/11/22 at 11:42am revealed she needed help from the staff with transfers and going long distances in her wheelchair. Telephone interview with Resident #2's Power of Attorney (POA) on 05/11/22 at 2:25pm revealed: -Resident #2 was not able to stand up by herself most of the time. -She required two staff to help with transfers, or one staff if she had a grab bar to hold onto. Interview with a personal care aide (PCA) on 05/13/22 at 10:00am revealed Resident #2 depended on staff to help with transfers and propelling her in her wheelchair. Telephone interview with the LHPS nurse on 05/16/22 at 9:20am revealed: -He did not remember who Resident #2 was at the time of the call because he had never met her. -When he was at the facility in March 2022 completing LHPS assessments, he filled the forms out based on the information he could find in the resident record and in the electronic charting system (ECS). -He did not interview staff regarding Resident #2's care needs because most of them had been new hires and could not tell him much about the resident at the time. -He did not assess or interview Resident #2 regarding her care needs. -The weight, pulse rate, temperature and blood pressure listed on Resident #2's LHPS were her most recent set of vital signs documented in the ECS. -He was not aware that Resident #2 needed	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 280	Continued From page 122 physical assistance with transferring. -He relied on the facility staff to notify him if there was a new LHPS task for a resident. Telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm revealed he expected the facility staff to communicate with the LHPS nurse and let him know if a resident had a new LHPS task so that the LHPS nurse could complete an assessment that was accurate to the needs of each resident. _____ The facility failed to ensure Resident #1 tasks had an evaluation and assessment completed by a Registered Nurse for the tasks of oxygen therapy, caring for two stage 2 ulcers, and transferring and ambulation which resulted in Resident #1 not being provided incontinence care for extended periods of time and proper healing of pressure ulcers. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ A plan of protection was requested from the facility in accordance with G.S. 131D-34 on 05/27/22. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 1, 2022.	D 280		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	Continued From page 123 containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents provided meals in their rooms were provided non-disposable place settings during meal service. The findings are: Observation of the lunch meal on 05/10/22 at 12:55pm revealed: -All residents eating in the main dining room were served on non-disposable place settings. -Once the residents who were eating in the dining room were all served, a personal care aide (PCA) rolled a meal cart out of the kitchen containing meal trays for the residents who were going to be eating lunch in their room. -The PCA opened the door to the meal cart which revealed there were several trays for resident meals. -Each tray contained the lunch meal on a non-disposable covered plate, and individual packets with disposable silverware. -There was a tray holding disposable cups with lids for the residents to drink from. Interview with a PCA on 05/10/22 at 12:57pm revealed: -She was responsible for delivering meal trays to the residents who were eating lunch in their room that day. -The kitchen always served residents who ate in	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	Continued From page 124	D 287		

their room with disposable cups and silverware.
-She thought the residents who ate in their rooms received disposable cups and silverware because the residents sometimes kept the non-disposable cups and silverware in their rooms, and staff would find them later with mold on them.

Interview with the Dietary Manager (DM) on 05/10/22 at 1:00pm revealed:
-He had worked as the DM at the facility since October 2021 and had always served disposable cups and silverware to residents who ate meals in their room.
-He thought it was "okay" to serve disposable silverware and cups to residents who ate meals in their room.
-When he served the residents who ate in their room with non-disposable cups and silverware, the residents sometimes did not return them to the kitchen to be washed so that was why he used disposable options.
-He had enough inventory of non-disposable cups and silverware to be able to serve all the residents with.

Interview with a medication aide (MA) on 05/11/22 at 11:15am revealed:
-During the COVID-19 pandemic, the facility served the residents provided meals in their rooms with disposable place settings to prevent the spread of infection.
-Once the DM was hired in October 2021, he started serving residents who ate meals in their room on non-disposable plates, but they were still always served with disposable cups and silverware.

Interview with the Administrator on 05/11/22 at 2:35pm revealed:
-She was not aware that the residents who ate in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	Continued From page 125 their rooms were being served with disposable cups and silverware. -She was under the impression that residents who ate meals in their rooms could be served with disposable place settings for infection control. -They did not have a COVID-19 outbreak in the facility at the time of the interview. Telephone interview with the Owner/Licensee on 05/17/22 at 4:20pm revealed he expected all residents to be served with non-disposable place settings for each meal regardless if they were eating in the main dining room or in their rooms.	D 287		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to clarify medication orders for 1 of 6 sampled residents (#4) including orders for medications used to treat low	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 126	D 344		

magnesium in the blood and a medication to reduce gastrointestinal symptoms.

The findings are:

Review of Resident #4's current FL2 dated 04/07/22 revealed:
-Diagnoses included obesity, acute myocardial infarction, hyperlipidemia, hypertension, type 2 diabetes mellitus and chronic obstructive pulmonary disease.
-There were no medications listed on the FL2 and there were no medication orders attached to the FL2.

Review of Resident #4's previous FL2 dated and hospital discharge summary report dated 01/05/22 revealed medication orders included magnesium oxide 400mg (used as a dietary supplement) 1 capsule once daily.

Review of Resident #4's hospital discharge universal medication form dated 01/11/22 revealed the resident's current medications included magnesium oxide 400mg once daily.

Review of Resident #4's March April and May 2022 electronic medication administration record (eMAR) revealed magnesium oxide 400mg once daily was not listed on the eMAR from 03/01/22 through 05/31/22.

Review of Resident #4's record revealed there were no laboratory results for a magnesium level.

Observation of Resident #1's medications on hand at the facility on 05/11/22 at 2:37pm revealed magnesium was not available for administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 127 Interview with Resident #4 on 05/16/22 at 3:42pm revealed: -Facility staff administered her medications daily. -Some of the medications she knew but not all the medications. -She thought that she was still getting the magnesium. -She thought the magnesium was important for her immune system. Interview with the Scheduler/medication aide (MA) on 05/11/22 at 2:42pm revealed: -When medication orders came into the facility they went to the Administrator. -The Administrator and/or Resident Care Coordinator (RCC) was responsible for faxing the order to the pharmacy. -After the pharmacy entered the order, the RCC confirmed to make sure the order was correct. -The RCC approved the order then the order showed on the eMAR. -She was not sure what happened with Resident #4's magnesium. -The previous Administrator or RCC were responsible for orders in January 2022 when Resident #4 was admitted to the facility. Interview with the facility's Primary Care Provider (PCP) on 05/12/22 at 9:48am revealed: -When Resident #4 became her patient, the facility did not give her or make her aware of the hospital discharge summary report. -She did not know the resident was ordered magnesium. -Someone at the facility should have contacted her to clarify if the resident should be administered the magnesium. -She was in the facility every Thursday and staff could have easily clarified the order for magnesium.	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 128 -She might have wanted to do labs to ensure the resident needed the magnesium. -The resident was discharged from the hospital to the facility so at the time she may have had a magnesium deficiency. Telephone interview with the Owner/Licensee on 05/17/22 at 4:32pm revealed: -The RCC should have looked at the progress notes and admission paperwork. -If staff were not sure about the order, the RCC should have clarified the order with the resident's PCP.	D 344		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 7 of 7 residents (Resident #1, #2, #3, #4, #5, #7 and #8) related to an anti-depressant medication and an anti-psychotic medication (#5), an anti-anxiety medication (#2), a medication to prevent osteoporosis (#3), a medication to treat elevated cholesterol levels (#4), a medication to treat	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 129	D 358		

insomnia, a medication to treat elevated blood sugar levels, medications to treat schizophrenia, a medication to treat involuntary muscle movements, an anti-psychotic medication, an antihistamine medication, and an anti-anxiety medication (#7), a resident who was complaining of pain was not administered pain medication, an iron supplement, and a medication to treat vascular dementia (#1), and a resident not administered an anti-psychotic and anti-anxiety medication (#8).

The findings are:

1. Review of Resident #7's current FL2 dated 04/07/22 revealed diagnoses included schizophrenia, insomnia and anxiety disorder.

a. Review of Resident #7's physician's orders revealed there was an order dated 05/02/22 for divalproex DR 125mg take one capsule 3 times a daily (used to treat anxiety disorder).

Review of Resident #7's May 2022 electronic medication administration record (eMAR) revealed there was no entry for divalproex DR 125mg take one capsule 3 times a daily.

Observation of Resident #7's medications on hand at the facility on 05/16/22 at 10:45am revealed there was no divalproex available for administration.

Review of Resident #7's progress notes and incident and accident reports revealed:
-There was a progress note dated 05/05/22 at 2:41am that Resident #7 was not sleeping and was roaming the floors attempting to take the other residents' food from the common refrigerator.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 130 -There was an incident and accident report dated 05/05/22 at 6:20pm for "manic" behavior changes and possible dehydration for which he was sent to the local emergency room (ER) for evaluation and was admitted. Review of Resident #7's discharge summary from the local hospital dated 05/06/22 at 12:23am revealed altered mental status and urinary retention as the reason for the visit. Review of Resident #7's progress notes and incident and accident reports revealed: -There was progress note dated 05/09/22 at 12:44pm with documentation Resident #7 wanted to harm himself. -There was an incident and accident report dated 05/09/22 at 1:42pm with documentation Resident #7 wanted to harm himself and he was sent to the local ER for evaluation. Review of Resident #7's discharge summary note from the local hospital dated 05/11/22 at 12:46pm revealed suicidal ideations as the reason for the visit. Telephone interview with Resident #7's Mental Health Provider (MHP) on 05/13/22 at 11:15am revealed: -He called in divalproex DR 125mg take 1 capsule 3 times daily to the facility's contracted pharmacy on 05/02/22. -Resident #7 had frequent behavior issues such as sudden verbal outbursts towards staff and other residents and was sent to the local hospital for evaluation. -He was sent for evaluation so often that he could not remember specifically if he was informed of his recent admissions on 05/05/22 and 05/09/22 due to behaviors.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 131 -He ordered divalproex for Resident #7's behavior disturbances including expressing that he wanted to hurt himself. -He was not aware that the divalproex he ordered had not been administered. -If Resident #7 was not administered the divalproex as ordered, he could be a danger to himself or others. Telephone interview with a representative from the facility's contracted pharmacy on 05/13/22 at 1:10pm revealed: -Resident #7's MHP called in a new order on 05/02/22 for divalproex DR 125mg give 1 capsule 3 times a day. -The pharmacy would enter orders for medications and the pharmacy's interface program allowed the medication to show on the facility's eMAR, where someone at the facility would then have to review and approve the medication order for the medication to be sent and then be visible on the residents' eMAR. -That day ,05/02/22, the pharmacy's computer was not communicating with the facility's eMAR. -There was a notation in the contracted pharmacy's entry on 05/02/22 at 1:28pm that the divalproex order was faxed to the facility for someone at the facility to manually enter the divalproex order (no contact person noted). -The facility needed to enter the divalproex in the eMAR, review the order and release the order on the eMAR for the medication to be delivered. -Resident #7's divalproex order was not entered and released by the facility for the medication to be dispensed on 05/03/22 when the contracted pharmacy's computer was again communicating with the facility eMAR. -Divalproex DR was used to treat mood disorders. -If Resident #7 had been administered Divalproex	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 132	D 358		

DR 125mg given 3 times a day, the medication would have been effective within 2 to 3 days.
-Divalproex DR 125mg was never dispensed from the facility's contracted pharmacy.

Interview with Resident #7 on 05/16/21 at 11:20 am revealed:
-He was not familiar with all the medications he took.
-He just took what the medication aide (MA) gave him and what the doctor ordered.
-He took all the medications he was supposed to take.
-He had just returned from the hospital last week because he was nervous and felt like people were following him.
-He had not slept well for several weeks.
-He still felt nervous but denied wanting to harm himself or others.

Interview with the MA on 05/16/21 at 4:45pm revealed:
-She administered medications to Resident #7.
-It was normal for Resident #7 to try to take things from other residents or arguing with staff and other residents.
-Resident #7 had many medication changes by the MHP.
-She was not aware Resident #7 had orders for divalproex from 05/02/22.
-The Resident Care Coordinator (RCC) was responsible for making sure medication orders were on the eMAR.

Interview with a second MA on 05/16/22 at 5:30 pm revealed:
-She administered medications to Resident #7.
-She was not aware Resident #7 had orders for divalproex from 05/02/22.
-Resident #7 had always had behaviors such as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 133	D 358		

being over active or not being able to sleep and had medication changes to attempt to manage them.
-The RCC would have been responsible to ensure medication orders were entered on the eMAR.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She was hired on 05/02/22 as the RCC.
-She had not had time to independently check each resident record.
-She was responsible to ensure orders were entered on the eMAR and were accurate.
-She expected all residents' medications to be administered as ordered.
-The facility's contracted pharmacy entered orders in their system which communicated with the facility's eMAR, but she had to release the medication on the facility's eMAR once it was verified as correct.
-She did not remember being informed by the contracted pharmacy on 05/02/22 the pharmacy's computer was not communicating with the facility's eMAR and that someone in the facility had to manually enter Resident #7's divalproex.

Interview with the Administrator on 05/16/22 at 12:30pm revealed:
-She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered.
-She did not know Resident #7 had a new order for divalproex on 05/02/22.
-She did not know Resident #7's divalproex was not dispensed to the facility.
-She did not know Resident #7 was not administered divalproex since it was ordered on 05/02/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 134	D 358		

-She did not remember the facility's contracted pharmacy notifying anyone at the facility that their computer system was not communicating with the facility eMAR on 05/02/22.
-She did not know that someone at the facility needed to enter Resident #7's divalproex in the eMAR and release the order for the contracted pharmacy to deliver it.
-She expected all orders to be reviewed for accuracy and the eMAR to reflect all current orders.
-She expected all residents' medications to be administered as ordered.

b. Review of Resident #7's physician's orders revealed there was an order dated 02/15/22 to discontinue trazadone (medication used for insomnia) and to start mirtazapine 45mg at bedtime (used to treat insomnia).

Review of Resident #7's March 2022 medication administration record (MAR) revealed:
-There was an entry for mirtazapine 45mg one tablet at bedtime scheduled at 8:00pm.
-Mirtazapine 45mg was documented as administered for 29 opportunities from 03/01/22 through 03/30/22, with 03/19/22 left blank and an "X" documented on 03/31/22.

Review of Resident #7's April 2022 and May 2022 eMAR revealed there was no entry for mirtazapine 45mg one tablet at bedtime.

Observation of Resident #7's medications on hand at the facility on 05/16/22 at 10:45am revealed mirtazapine 45mg was not available for administration.

Review of Resident #7's record revealed:
-On 04/18/22 (no time noted) Resident still cannot

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 135	D 358		

sleep.
-On 04/25/22 (no time noted) Resident still not staying asleep. Resident will sleep approximately . 2 hours then gets up.
-On 04/30/22 at 4:33am Resident #7 was awake sitting in the hall for a half hour and returned to his room.
-On 05/05/22 at 2:41am Resident #7 was not sleeping and The scheduled (medication for sleep) does not seem to be working.
-There was an incident report dated 05/05/22 at 6:20pm for "manic" behavior changes and possible dehydration for which he was sent to the local emergency room for evaluation and was admitted.
-There was a discharge summary from the local hospital dated 05/06/22 at 12:23am with altered mental status and urinary retention as the reason for the visit.

Telephone interview with Resident #7's Mental Health Provider (MHP) on 05/13/22 at 11:15am revealed:
-He ordered Resident #7 mirtazapine 45mg at bedtime on 02/15/22 to aid in him sleeping.
-He was not aware that Resident #7's mirtazapine 45mg at bedtime had not been administered since 03/30/22.
-If Resident #7 was not administered the mirtazapine as ordered, he could have trouble sleeping and not sleeping just compounded his behaviors.
-He expected all medications he ordered to be administered as ordered.

Telephone interview with a representative at the facility's previous contracted pharmacy on 05/13/22 at 12:00pm revealed:
-There was an order for Resident #7's mirtazapine 45mg at bedtime dated 02/15/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 136	D 358		

-Thirty tablets of Mirtazapine 45mg was dispensed to the facility on 02/15/22.
-There was no discontinue order for mirtazapine.
-The facility stopped receiving services from the previous contracted pharmacy at the end of March 2022.

Telephone interview with a representative at the facility's current contracted pharmacy on 05/13/22 at 11:15am revealed:
-The pharmacy began providing services in April 2022.
-Resident #7's mirtazapine 45mg give one tablet at bedtime was on his profile but was not an active order.
-There was no discontinue order for Resident #7's mirtazapine.
-Mirtazapine 45mg had never been dispensed from the facility's current contracted pharmacy.

Interview with Resident #7 on 05/16/21 at 11:20 am revealed:
-He was not familiar with all the medications he took or what they looked like.
-He just took what the medication aide (MA) gave him and what the doctor ordered.
-He took all the medications he was supposed to take.
-He had just returned from the hospital last week because he was nervous and felt like people were following him.
-He had not slept well for several weeks.
-He still felt nervous but denied wanting to harm himself or others.

Interview with a MA on 05/16/21 at 4:45pm revealed:
-She administered medications on all shifts including Resident #7's.
-It was normal for Resident #7 to try to take things

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 137	D 358		

from other residents or argue with staff and other residents.
-Resident #7 had many medication changes by the MHP.
-She was not aware Resident #7 that his mirtazapine was not on the eMAR since March 2022.
-An "X" on the eMAR indicated a medication that had not been reviewed and active on the eMAR to be delivered and administered.
-The facility changed pharmacy's in April 2022 and the eMARs flowed over from the new pharmacy's orders.
-The scheduler was the interim Resident Care Coordinator (RCC) at that time and was responsible for making sure medication orders were on the eMAR.

Interview with a second MA on 05/16/22 at 5:30 pm revealed:
-She administered medications on all shifts including Resident #7's.
-She performed medication cart audits each night for 4 to 5 residents but had not been able to perform audits on Resident #7's medication and eMAR.
-If she had noticed a discrepancy, she would have informed the RCC.
-She was not aware Resident #7's mirtazapine was not on the eMAR since March 2022.
-An "X" on the eMAR was a medication that had to be verified and made active on the residents' eMAR to be delivered and administered.
-Resident #7 had always had trouble not being able to sleep and had medication changes to attempt to manage insomnia.
-The scheduler was the interim RCC at that time and would have been responsible to ensure medication orders were on the eMAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 138 Interview with the scheduler/MA on 05/12/22 at 12:10pm revealed: -She had been the interim RCC since early April 2022 (she could not remember the date) until the new RCC was hired 05/02/22. -She was responsible to make sure the eMARs were correct and that MAs documented medication administration accurately. -She did not notice that Resident #7's mirtazapine was not entered on the eMAR in March 2022 or April 2022. -An "X" on the eMAR indicated a pending medication that needed to be released. -The facility changed contracted pharmacies at the end of March 2022 and it could have been missed by the new pharmacy. -During April 2022, she continued to work in the capacity of the scheduler and filled in as MA on the floors when staff called out of work. -She did not have enough time to properly audit all residents' eMARs and orders. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She was responsible for contacting the PCP or MHP to clarify medication orders. -The scheduler/MA had been the interim RCC until she was hired, and she had not had time to independently check each resident record. -She was responsible to ensure orders were put on the eMAR and were accurate. -She expected all residents' medications to be administered as ordered. -The facility began using a different contracted pharmacy in April 2022 and Resident #7's mirtazapine might have been missed in the process. Interview with the Administrator on 05/16/22 at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 139 12:30pm revealed: -She became the Administrator at the facility at the beginning of April 2022. -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -She did not know Resident #7 had an order for mirtazapine. -She did not know that Resident #7's mirtazapine was not carried over to the April 2022 eMAR when the facility changed pharmacies. -She did not know Resident #7 was not administered mirtazapine since March 2022. -She expected all orders to be reviewed for accuracy and the eMAR to reflect all current orders. -She expected all residents' medications to be administered as ordered. c. Review of Resident #7's physician's orders dated 04/07/22 revealed there was an order for metformin 500mg take 1 tablet twice a day (used to treat elevated blood sugar levels). Review of Resident #7's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for metformin 500mg take 1 tablet two times a day scheduled for administration each at 8:00am and 8:00pm. -There was documentation metformin 500mg was administered 49 of 60 opportunities. -There was no documentation metformin 500mg was administered 9 of 60 opportunities. -There was 1 opportunity on 04/18/22 with documentation of code "9 see progress note" that documented "waiting on pharmacy". -There was 1 opportunity with documentation of code "6 hospitalized".	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 140 Observation of Resident #7's medications on hand at the facility on 04/16/22 at 10:45am revealed 11 metformin 500mg tablets were available for administration and dispensed on 04/18/22 for a quantity of 60 tablets. Interview with Resident #7's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed: -She expected the facility to administer all medications as ordered. -She had never been notified Resident #3 was not receiving any of her medications. Interview with the MA on 05/16/21 at 4:45pm revealed: -All of the resident's received their medications on the eMAR. -The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022. -Some MAs may have forgotten to document on the paper MAR. Interview with a second MA on 05/16/22 at 5:30 pm revealed: -In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. -Missing documentation meant the MA did not administer the medication or forgot to document. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She had not had time to independently check each resident record. -She was responsible to ensure orders were entered on the eMAR and that documentation	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 141	D 358		

was accurate.
-She expected all residents' medications to be administered as ordered.

Interview with the Administrator on 05/16/22 at 12:30pm revealed:
-She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered.
-In April 2022, the computers did not always save documentation due to interrupted internet access.
-Some medication administration was documented on a printed MAR in April 2022.
-Missing documentation meant the MA did not administer the medication or forgot to document.
-She expected all orders to be reviewed for accuracy and the eMAR to reflect all current orders.
-She expected all residents' medications to be administered as ordered and documented.

d. Review of Resident #7's physician's orders dated 04/07/22 revealed there was an order for linagliptin 5mg take 1 tablet one time a day (used to treat high blood glucose).

Review of Resident #7's April 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for linagliptin 5mg take 1 tablet one time a day scheduled for administration each at 8:00am.
-There was documentation linagliptin 5mg was administered 23 of 30 opportunities.
-There was no documentation linagliptin 5mg was administered 6 of 30 opportunities.
-There was 1 opportunity on 04/23/22 with documentation of code "6 hospitalized".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 142 Observation of Resident #7's medications on hand at the facility on 04/16/22 at 10:45am revealed 25 linagliptin 5mg tablets were available for administration and dispensed on 04/27/22 for a quantity of 30 tablets. Interview with Resident #7's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed: -She expected the facility to administer all medications as ordered. -She had never been notified Resident #3 was not receiving any of her medications. Interview with the MA on 05/16/21 at 4:45pm revealed: -All of the resident's received their medications on the eMAR. -The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022. -Some MAs may have forgotten to document on the paper MAR. Interview with a second MA on 05/16/22 at 5:30 pm revealed: -In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. -Missing documentation meant the MA did not administer the medication or forgot to document. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She had not had time to independently check each resident record. -She was responsible to ensure orders were entered on the eMAR and that documentation was accurate.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 143 -She expected all residents' medications to be administered as ordered. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -In April 2022, the computers did not always save documentation due to interrupted internet access. -Some medication administration was documented on a printed MAR in April 2022. -Missing documentation meant the MA did not administer the medication or forgot to document. -She expected all residents' medications to be administered as ordered and documented. e. Review of Resident #7's physician's orders dated 04/07/22 revealed there was an order for levothyroxine 25mcg take 1 tablet one time a day (used to treat thyroid disease). Review of Resident #7's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for levothyroxine 25mcg take 1 tablet one time a day scheduled for administration each at 6:00am. -There was documentation levothyroxine 25mcg was administered 13 of 30 opportunities. -There was no documentation levothyroxine 25mcg was administered 15 of 30 opportunities. -There was 1 opportunity on 04/13/22 with documentation of code "5 hold/see progress notes". -There was a progress note dated 04/13/22 that read "Held due to nothing by mouth..". Observation of Resident #7's medications on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 144	D 358		

hand at the facility on 04/16/22 at 10:45am revealed 29 levothyroxine 25mcg tablets were available for administration and dispensed on 05/07/22 for a quantity of 30 tablets.

Interview with Resident #7's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed:
-She expected the facility to administer all medications as ordered.
-She had never been notified Resident #3 was not receiving any of her medications.

Interview with the MA on 05/16/21 at 4:45pm revealed:
-All of the resident's received their medications on the eMAR.
-The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022.
-Some MAs may have forgotten to document on the paper MAR.

Interview with a second MA on 05/16/22 at 5:30 pm revealed:
-In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility.
-Missing documentation meant the MA did not administer the medication or forgot to document.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She was hired on 05/02/22 as the RCC.
-She had not had time to independently check each resident record.
-She was responsible to ensure orders were entered on the eMAR and that documentation was accurate.
-She expected all residents' medications to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 145 administered as ordered. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -In April 2022, the computers did not always save documentation due to interrupted internet access. -Some medication administration was documented on a printed MAR in April 2022. -Missing documentation meant the MA did not administer the medication or forgot to document. -She expected all residents' medications to be administered as ordered and documented. f. Review of Resident #7's physician's orders dated 04/07/22 revealed there was an order for benztropine 0.5mg take 1 tablet twice daily (used to treat schizophrenia). Review of Resident #7's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for for benztropine 0.5mg take 1 tablet twice daily scheduled for administration each at 8:00am and 8:00pm. -There was documentation benztropine 0.5mg was administered 48 of 60 opportunities. -There was no documentation benztropine 0.5mg was administered 9 of 60 opportunities. -There was 2 opportunities on 04/03/22 with documentation of code "9/see progress notes". -There was a progress note dated 04/03/22 that read "fax pharm". -There was 1 opportunity on 04/23/22 with documentation of code "6 hospitalized". Observation of Resident #7's medications on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 146	D 358		

hand at the facility on 04/16/22 at 10:45am revealed 7 benztropine 0.5mg tablets were available for administration and dispensed on 04/27/22 for a quantity of 60 tablets.

Telephone interview with Resident #7's Mental Health Provider (MHP) on 05/13/22 at 11:15am revealed if Resident #7 was not administered his psychiatric medications as ordered, he could be a danger to himself or others.

Interview with the MA on 05/16/21 at 4:45pm revealed:
-All of the resident's received their medications on the eMAR.
-The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022.
-Some MAs may have forgotten to document on the paper MAR.

Interview with a second MA on 05/16/22 at 5:30 pm revealed:
-In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility.
-Missing documentation meant the MA did not administer the medication or forgot to document.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She was hired on 05/02/22 as the RCC.
-She had not had time to independently check each resident record.
-She was responsible to ensure orders were entered on the eMAR and that documentation was accurate.
-She expected all residents' medications to be administered as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 147 Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -In April 2022, the computers did not always save documentation due to interrupted internet access. -Some medication administration was documented on a printed MAR in April 2022. -Missing documentation meant the MA did not administer the medication or forgot to document. -She expected all residents' medications to be administered as ordered and documented. g. Review of Resident #7's physician's orders dated 04/07/22 revealed there was an order for lithium carbonate 300mg take 1 tablet twice daily (used to treat schizophrenia). Review of Resident #7's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for lithium carbonate 300mg take 1 tablet twice daily scheduled for administration each at 8:00am and 8:00pm. -There was documentation lithium 300 mg was administered 51 of 60 opportunities. -There was no documentation lithium 300mg was administered 9 of 60 opportunities. -There was 1 opportunity on 04/23/22 with documentation of code "6 hospitalized". Observation of Resident #7's medications on hand at the facility on 04/16/22 at 10:45am revealed 52 lithium 300mg tablets were available for administration and dispensed on 05/09/22 for a quantity of 60 tablets.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 148 Telephone interview with Resident #7's Mental Health Provider (MHP) on 05/13/22 at 11:15am revealed if Resident #7 was not administered his psychiatric medications as ordered, he could be a danger to himself or others. Interview with the MA on 05/16/21 at 4:45pm revealed: -All of the resident's received their medications on the eMAR. -The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022. -Some MAs may have forgotten to document on the paper MAR. Interview with a second MA on 05/16/22 at 5:30 pm revealed: -In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. -Missing documentation meant the MA did not administer the medication or forgot to document. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She had not had time to independently check each resident record. -She was responsible to ensure orders were entered on the eMAR and that documentation was accurate. -She expected all residents' medications to be administered as ordered. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 149	D 358		

eMARs daily to ensure medications were administered as ordered.
-In April 2022, the computers did not always save documentation due to interrupted internet access.
-Some medication administration was documented on a printed MAR in April 2022.
-Missing documentation meant the MA did not administer the medication or forgot to document.
-She expected all residents' medications to be administered as ordered and documented.

h. Review of Resident #7's physician's orders dated 04/07/22 revealed there was an order for risperidone 1mg take 1 tablet twice daily (used to treat schizophrenia).

Review of Resident #7's April 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for risperidone 1mg take 1 tablet twice daily scheduled for administration each at 8:00am and 8:00pm.
-There was documentation risperidone 1mg was administered 45 of 60 opportunities.
-There was no documentation risperidone 1mg was administered 9 of 60 opportunities.
-There was 1 opportunity on 04/23/22 with documentation of code "6 hospitalized".
-There were 5 opportunities with an "X" from 04/28/22 at 8:00pm through 04/30/22 at 8:00pm.

Observation of Resident #7's medications on hand at the facility on 04/16/22 at 10:45am revealed 29 risperidone 1mg tablets were available for administration and dispensed on 03/28/22 for a quantity of 90 tablets.

Telephone interview with Resident #7's Mental Health Provider (MHP) on 05/13/22 at 11:15am revealed if Resident #7 was not administered his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 150 psychiatric medications as ordered, he could be a danger to himself or others. Interview with the MA on 05/16/21 at 4:45pm revealed: -All of the resident's received their medications on the eMAR. -The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022. -Some MAs may have forgotten to document on the paper MAR. Interview with a second MA on 05/16/22 at 5:30 pm revealed: -In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. -Missing documentation meant the MA did not administer the medication or forgot to document. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She had not had time to independently check each resident record. -She was responsible to ensure orders were entered on the eMAR and that documentation was accurate. -She expected all residents' medications to be administered as ordered. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -In April 2022, the computers did not always save	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 151	D 358		

documentation due to interrupted internet access.
-Some medication administration was documented on a printed MAR in April 2022.
-Missing documentation meant the MA did not administer the medication or forgot to document.
-She expected all residents' medications to be administered as ordered and documented.

i. Review of Resident #7's physician's orders dated 04/07/22 revealed there was an order for hydroxyzine 25mg take 1 tablet two times day (used to treat schizophrenia).

Review of Resident #7's April 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for hydroxyzine 25mg take 1 tablet two times day scheduled for administration each at 8:00am and 2:00pm.
-There was documentation hydroxyzine 25mg was administered 44 of 60 opportunities.
-There was no documentation hydroxyzine 25mg was administered 15 of 60 opportunities.
-There was 1 opportunity on 04/23/22 with documentation of code "6 hospitalized".

Observation of Resident #7's medications on hand at the facility on 04/16/22 at 10:45am revealed 15 hydroxyzine 25mg tablets were available for administration and dispensed on 04/22/22 for a quantity of 60 tablets.

Interview with Resident #7 on 05/16/21 at 11:20 am revealed:
-He was not familiar with all the medications he took what they looked like.
-He just took what the medication aide (MA) gave him and what the doctor ordered.
-He took all the medications he was supposed to take.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 152	D 358		

-He had just returned from the hospital last week because he was nervous and felt like people were following him.
-He had not slept well for several weeks.
-He still felt nervous but denied wanting to harm himself or others.

Attempted telephone interview with Resident #7's responsible party on 05/16/22 at 1:43pm was unsuccessful.

Telephone interview with Resident #7's Mental Health Provider (MHP) on 05/13/22 at 11:15am revealed if Resident #7 was not administered his psychiatric medications as ordered, he could be a danger to himself or others.

Interview with the MA on 05/16/21 at 4:45pm revealed:
-All of the resident's received their medications on the eMAR.
-The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022.
-Some MAs may have forgotten to document on the paper MAR.

Interview with a second MA on 05/16/22 at 5:30 pm revealed:
-In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility.
-Missing documentation meant the MA did not administer the medication or forgot to document.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She was hired on 05/02/22 as the RCC.
-She had not had time to independently check

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 153	D 358		

each resident record.
-She was responsible to ensure orders were entered on the eMAR and that documentation was accurate.
-She expected all residents' medications to be administered as ordered.

Interview with the Administrator on 05/16/22 at 12:30pm revealed:
-She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered.
-In April 2022, the computers did not always save documentation due to interrupted internet access.
-Some medication administration was documented on a printed MAR in April 2022.
-Missing documentation meant the MA did not administer the medication or forgot to document.
-She expected all residents' medications to be administered as ordered and documented.

2. Review of Resident #3's current FL2 dated 04/07/22 revealed diagnoses included chronic kidney disease and deep vein thrombosis.

a. Review of Resident #3's physician's orders revealed an order for alendronate sodium 70mg every 7 days on Mondays (used to treat osteoporosis and slow bone loss) dated 04/07/22.

Review of Resident #3's March 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for alendronate sodium 70mg once weekly on Mondays at 8:00am.
-There was documentation that alendronate sodium 70mg was administered on 03/14/22, 03/21/22 and 03/28/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 154 Review of Resident #3's April 2022 record eMAR revealed: -There was an entry for alendronate sodium 70mg once weekly on Mondays at 6:30am. -There was documentation that alendronate sodium 70mg was administered on 04/04/22 and 04/25/22. -There was no documentation alendronate sodium 70mg was administered on 04/11/22 and 04/18/22 both on the eMAR and the paper MAR which was used in April 2022 when the internet in the facility was not working and the eMAR did not save data entered. Review of Resident #3's May 2022 record eMAR revealed: -There was an entry for alendronate sodium 70mg once weekly on Mondays at 6:30am. -There was documentation by the MA's initials that alendronate sodium 70mg was administered on 05/09/22. -There was no documentation alendronate sodium 70mg was administered on 05/02/22. Observation of Resident #3's medications on hand on 05/10/22 at 4:05pm revealed there were 3 tablets of alendronate sodium 70mg available for administration; the dispensed label was dated 03/28/22 for 4 tablets. Interview with Resident #3 on 05/10/22 at 10:25am revealed: -She had osteoporosis and took a weekly medication to prevent fractures. -She could not remember the name of the medication but she had to take it with a glass of water and sit up for 30 minutes after she took it. -She had not been administered the weekly medication since she was admitted on 03/11/22 until yesterday on 05/09/22.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 155 -A medication aide (MA), she did not know the name, told her about 2 weeks ago that the medication was "in the system" but that the order was not in. Interview with Resident #3's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed: -Resident #3 had a diagnosis of osteoporosis. -She ordered alendronate sodium 70mg once weekly for Resident #3 when she was admitted in March 2022. -If she did not receive the weekly dose of alendronate sodium, she could develop worsening osteoporosis and be at a high risk for bone fractures. -She expected the facility to administer all medications as ordered. -She had never been notified Resident #3 was not receiving her alendronate sodium . Telephone interview with the facility's previous contracted pharmacy on 05/12/22 at 5:00pm revealed: -Resident #3 had an for order alendronate sodium 70mg once weekly dated 03/10/22. -Alendronate sodium 70mg was dispensed to the facility on 03/11/22 for a quantity of 4 tablets. -There were no other dispense dates for alendronate sodium 70mg for Resident #3. Telephone interview with the facility's contracted pharmacy on 05/12/22 at 5:06pm revealed: -Resident #3 had an order for alendronate sodium 70mg once weekly dated 03/28/22. -Alendronate sodium 70mg was dispensed to the facility on 03/28/22 for a quantity of 4 tablets. -There were no other dispense dates for alendronate sodium 70mg for Resident #3. Interview with a MA on 05/16/22 at 4:45pm	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 156 revealed: -She worked with Resident #3 occasionally but did not remember giving her alendronate sodium. -Missing documentation on the eMAR or paper MAR would mean a medication was not given or the MA forgot to document. Interview with a second MA on 05/16/22 at 5:30pm revealed: -She knew Resident #3 had alendronate once a week. -She remembered administering it at the end of April 2022 but not specific dates and did not remember working on any other Monday when it was due. -Some MAs just did not care to document and left the eMAR and paper MAR with a lot of missing documentation. Interview with the scheduler/MA on 05/12/22 at 12:10pm revealed: -She had been the interim Resident Care Coordinator (RCC) since early April 2022 (she could not remember the date) until the new RCC was hired 05/02/22. -She was responsible to make sure the resident eMARs were correct and that MAs documented medication administration accurately. -She did not notice specifically Resident #3's eMAR missing documentation for alendronate for April 2022. -She reminded all the MAs daily to check for missing documentation on the eMARs, but some MAs still did not recheck their entries. -During April 2022, she continued to work in the capacity of the scheduler and filled in as MA when staff called out of work. -She did not have enough time to properly audit all residents' eMARs and orders.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 157 Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired 05/02/22 as the RCC. -She was responsible for contacting the primary care provider (PCP) to clarify medication orders. -She was responsible to ensure orders were put on the eMAR and were accurate. -She expected all residents' medications to be administered as ordered. -The missing documentation on Resident #3's eMAR could mean that the medication was not given or that the MAs forgot to document the medication administration. -She did not know why there were 6 days in which Resident #3's alendronate sodium was documented as administered, but only 5 tablets had been used. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She became the Administrator at the facility at the beginning of April 2022. -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -She was aware there were medication administration documentation missing on all the resident's eMARs. -In April 2022, the MAs were told to document on a printed MAR due to the internet not functioning properly causing the eMAR documentation not to be saved. -The facility had a lot of internet down time especially in April 2022 and MAs had to fill in documentation on paper MARs. -Missing documentation on resident eMARs would mean the medication was not given or the MAs just forgot to document on the eMAR. -She did not know Resident #3 had missed 4	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 158	D 358		

doses of alendronate sodium since March 2022 and how she still had 3 tablets left after only 8 were dispensed.
-She did not know why Resident #3's alendronate sodium tablets were not used.
-She expected all MAs to fill in missing documentation for all medications administered.
-She expected all residents' medications to be administered as ordered.

b. Review of Resident #3's physician's orders dated 04/07/22 revealed there was an order for Ellis tonic take 15ml 3 times a day before meals (used to treat vitamin deficiencies).

Review of Resident #3's April 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for Ellis tonic take 15ml 3 times a day before meals schedule at 06:30am, 12:00pm and 4:00pm.
-There was documentation Ellis tonic take 15ml was administered 69 of 90 opportunities.
-There was no documentation Ellis tonic take 15ml was administered 21 of 90 opportunities.

Observation of Resident #3's medications on hand at the facility on 04/10/22 at 4:05pm revealed there was approximately 120ml of 473ml Ellis tonic suspension was available for administration and dispensed on 03/29/22 for a quantity of 473ml.

Interview with Resident #3 on 05/10/22 at 10:25am revealed:
-She could not remember the names of all her medications.
-She had not refused any of her medications and took what the MAs gave her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 159 Interview with Resident #3's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed: -She expected the facility to administer all medications as ordered. -She had never been notified Resident #3 was not receiving any of her medications. Interview with the MA on 05/16/21 at 4:45pm revealed: -All of the resident's received their medications on the eMAR. -The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022. -Some MAs may have forgotten to document on the paper MAR. Interview with a second MA on 05/16/22 at 5:30 pm revealed: -In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. -Missing documentation meant the MA did not administer the medication or forgot to document. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She had not had time to independently check each resident record. -She was responsible to ensure orders were entered on the eMAR and that documentation was accurate. -She expected all residents' medications to be administered as ordered. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 160	D 358		

processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered.
-In April 2022, the computers did not always save documentation due to interrupted internet access.
-Some medication administration was documented on a printed MAR in April 2022.
-Missing documentation meant the MA did not administer the medication or forgot to document.
-She expected all residents' medications to be administered as ordered and documented.

c. Review of Resident #3's physician's orders dated 04/07/22 revealed there was an order for flecainide acetate 100mg take ½ tablet twice daily (used to treat irregular heart beats).

Review of Resident #3's April 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for flecainide acetate 100mg take ½ tablet twice daily scheduled at 8:00am and 8:00pm.
-There was documentation flecainide acetate 100mg take ½ tablet twice daily was administered 52 of 60 opportunities.
-There was no documentation flecainide acetate 100mg take ½ tablet twice daily was administered 8 of 60 opportunities.

Observation of Resident #3's medications on hand at the facility on 04/10/22 at 4:05pm revealed there were 7 half tablets of flecainide acetate available for administration and dispensed on 03/30/22 for a quantity of 60 tablets.

Interview with Resident #3 on 05/10/22 at 10:25am revealed:
-She could not remember the names of all her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 161	D 358		

medications.
-She had not refused any of her medications and took what the MAs gave her.

Interview with Resident #3's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed:
-She expected the facility to administer all medications as ordered.
-She had never been notified Resident #3 was not receiving any of her medications.

Interview with the MA on 05/16/21 at 4:45pm revealed:
-All of the resident's received their medications on the eMAR.
-The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022.
-Some MAs may have forgotten to document on the paper MAR.

Interview with a second MA on 05/16/22 at 5:30 pm revealed:
-In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility.
-Missing documentation meant the MA did not administer the medication or forgot to document.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She was hired on 05/02/22 as the RCC.
-She had not had time to independently check each resident record.
-She was responsible to ensure orders were entered on the eMAR and that documentation was accurate.
-She expected all residents' medications to be administered as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 162 Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -In April 2022, the computers did not always save documentation due to interrupted internet access. -Some medication administration was documented on a printed MAR in April 2022. -Missing documentation meant the MA did not administer the medication or forgot to document. -She expected all residents' medications to be administered as ordered and documented. d. Review of Resident #3's physician's orders dated 04/07/22 revealed there was an order for apixaban 5mg take 1 tablet 2 times a day (used to treat blood clots). Review of Resident #3's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for apixaban 5mg take 1 tablet 2 times a day scheduled at 8:00am and 8:00pm. -There was documentation apixaban 5mg was administered 49 of 60 opportunities. -There was no documentation apixaban 5mg was administered 8 of 60 opportunities. -There were 3 opportunities with documentation of code "9 see progress note". -There were no progress notes for April 2022 available for review. Observation of Resident #3's medications on hand at the facility on 04/10/22 at 4:05pm revealed there were 14 tablets of apixaban 5mg available for administration and dispensed on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 163 04/15/22 for a quantity of 60 tablets. Interview with Resident #3 on 05/10/22 at 10:25am revealed: -She could not remember the names of all her medications. -She had not refused any of her medications and took what the MAs gave her. Interview with Resident #3's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed: -She expected the facility to administer all medications as ordered. -She had never been notified Resident #3 was not receiving any of her medications. Interview with the MA on 05/16/21 at 4:45pm revealed: -All of the resident's received their medications on the eMAR. -The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022. -Some MAs may have forgotten to document on the paper MAR. Interview with a second MA on 05/16/22 at 5:30 pm revealed: -In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. -Missing documentation meant the MA did not administer the medication or forgot to document. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She had not had time to independently check each resident record.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 164 -She was responsible to ensure orders were entered on the eMAR and that documentation was accurate. -She expected all residents' medications to be administered as ordered. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -In April 2022, the computers did not always save documentation due to interrupted internet access. -Some medication administration was documented on a printed MAR in April 2022. -Missing documentation meant the MA did not administer the medication or forgot to document. -She expected all residents' medications to be administered as ordered and documented. e. Review of Resident #3's physician's orders dated 04/07/22 revealed there was an order for dronabinol 2.5mg take 2 capsules 2 times a day (used to treat loss of appetite). Review of Resident #3's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for dronabinol 2.5mg take 2 capsules 2 times a day scheduled at 8:00am and 8:00pm. -There was documentation dronabinol 2.5mg 2 capsules was administered 42 of 60 opportunities. -There was no documentation dronabinol 2.5mg 2 capsules was administered 8 of 60 opportunities. -There was 1 opportunity documented with initials circled on a paper downtime medication	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 165	D 358		

administration record (MAR).
-There were 8 opportunities with documentation of code "9 see progress note".
-There were no progress notes for April 2022 available for review.

Observation of Resident #3's medications on hand at the facility on 04/10/22 at 4:05pm revealed there were 42 capsules of dronabinol 2.5mg available for administration and dispensed on 04/20/22 for a quantity of 60 tablets.

Interview with Resident #3 on 05/10/22 at 10:25am revealed:
-She could not remember the names of all her medications.
-She had not refused any of her medications and took what the MAs gave her.

Interview with Resident #3's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed:
-She expected the facility to administer all medications as ordered.
-She had never been notified Resident #3 was not receiving any of her medications.

Interview with the MA on 05/16/21 at 4:45pm revealed:
-All of the resident's received their medications on the eMAR.
-The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022.
-Some MAs may have forgotten to document on the paper MAR.

Interview with a second MA on 05/16/22 at 5:30 pm revealed:
-In April 2022, the MAs documented some medication administrations on a printed MAR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 166	D 358		

because the internet was unreliable throughout the some parts of the facility.
-Missing documentation meant the MA did not administer the medication or forgot to document.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She was hired on 05/02/22 as the RCC.
-She had not had time to independently check each resident record.
-She was responsible to ensure orders were entered on the eMAR and that documentation was accurate.
-She expected all residents' medications to be administered as ordered.

Interview with the Administrator on 05/16/22 at 12:30pm revealed:
-She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered.
-In April 2022, the computers did not always save documentation due to interrupted internet access.
-Some medication administration was documented on a printed MAR in April 2022.
-Missing documentation meant the MA did not administer the medication or forgot to document.
-She expected all residents' medications to be administered as ordered and documented.

f. Review of Resident #3's physician's orders dated 04/07/22 revealed there was an order for omeprazole 20mg take 2 capsules 2 times a day (used to treat gastroesophageal reflux disease).

Review of Resident #3's April 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for omeprazole 20mg take 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 167	D 358		

capsules 2 times a day scheduled at 8:00am and 8:00pm.
-There was documentation omeprazole 20mg 2 capsules was administered 37 of 60 opportunities.
-There was no documentation omeprazole 20mg take 2 capsules was administered 20 of 60 opportunities.
-There were 3 opportunities with documentation of code "9 see progress note".
-There were no progress notes for April 2022 available for review.

Observation of Resident #3's medications on hand at the facility on 04/10/22 at 4:05pm revealed there were 92 capsules of omeprazole 20mg available for administration and dispensed on 04/25/22 for a quantity of 120 tablets.

Interview with Resident #3 on 05/10/22 at 10:25am revealed:
-She could not remember the names of all her medications.
-She had not refused any of her medications and took what the MAs gave her.

Interview with Resident #3's Primary Care Provider (PCP) on 05/12/22 at 9:35am revealed:
-She expected the facility to administer all medications as ordered.
-She had never been notified Resident #3 was not receiving any of her medications.

Interview with the MA on 05/16/21 at 4:45pm revealed:
-All of the resident's received their medications on the eMAR.
-The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 168 -Some MAs may have forgotten to document on the paper MAR. Interview with a second MA on 05/16/22 at 5:30 pm revealed: -In April 2022, the MAs documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. -Missing documentation meant the MA did not administer the medication or forgot to document. Interview with the RCC on 05/16/22 at 8:50am revealed: -She was hired on 05/02/22 as the RCC. -She had not had time to independently check each resident record. -She was responsible to ensure orders were entered on the eMAR and that documentation was accurate. -She expected all residents' medications to be administered as ordered. Interview with the Administrator on 05/16/22 at 12:30pm revealed: -She and the RCC were responsible for processing medication orders and auditing the eMARs daily to ensure medications were administered as ordered. -In April 2022, the computers did not always save documentation due to interrupted internet access. -Some medication administration was documented on a printed MAR in April 2022. -Missing documentation meant the MA did not administer the medication or forgot to document. -She expected all residents' medications to be administered as ordered and documented.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 169	D 358		

3. Review of Resident #5's current FL2 dated 04/07/22 revealed:
-Diagnoses included major depressive disorder, nightmare disorder and anxiety.
-She was intermittently disoriented.

a. Review of Resident #5's order summary report dated 04/07/22 revealed there was an order for citalopram (a medication used to treat depression) 40mg daily.

Review of signed physician order dated 05/26/21 revealed there was an order for citalopram 40mg daily.

Review of Resident #5's March 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for citalopram 40mg, take one tablet daily at 8:00am.
-Citalopram 40mg was documented as administered daily from 03/05/22 through 03/31/22 except for 03/28/22 and 03/29/22 where there was no documentation on the eMAR.
-Citalopram 40mg was documented as not administered from 03/01/22 through 03/04/22 due to Resident #5 being out of the facility.

Review of Resident #5's April 2022 eMAR revealed:
-There was an entry for citalopram 40mg, take one tablet daily at 8:00am.
-Citalopram 40mg was documented as administered daily from 04/01/22 through 04/30/22 except for the following days which had no documentation: 04/02/22, and 04/10/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 170 through 04/15/22. Review of Resident #5's May 2022 eMAR revealed: -There was an entry for citalopram 40mg, take one tablet daily at 8:00am. -Citalopram 40mg was documented as not administered on 05/04/22, 05/07/22, 05/09/22 and 05/10/22. Review of Resident #5's Progress Notes revealed: -On 05/04/22 a medication aide (MA) documented that citalopram was not available on the medication cart and she would continue to follow-up with the pharmacy. -On 05/07/22, a MA documented that citalopram was not on the medication cart. -On 05/08/22, a MA documented that she was waiting on the arrival of citalopram from the pharmacy. -On 05/11/22, a MA documented that citalopram was not on the medication cart and she would follow-up with the pharmacy. Observation of medication on hand for Resident #5 on 05/11/22 at 11:10am revealed there was no citalopram 40mg on the medication cart. Interview with a MA on 05/11/22 at 11:15am revealed: -She did not administered citalopram to Resident #5 that morning (05/11/22) because it was not in the medication cart. -She saw in the eMAR system that a refill for citalopram for Resident #5 had been requested on 05/05/22, so she would call the pharmacy that day to follow-up on the refill request. -Refill requests were supposed to be sent to the pharmacy prior to medications running out.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 171 -MAs were able to request a refill of medication either by sending a fax to the pharmacy, calling the pharmacy, or hitting the "Refill" button on the eMAR. Telephone interview with the facility's contracted pharmacy on 05/11/22 at 1:35pm revealed: -They had been the facility's contracted pharmacy since the end of March 2022. -They had dispensed citalopram 40mg for Resident #5 on 04/01/22 for a quantity of 30 tablets. -They had received a refill request for Resident #5's citalopram 40mg prescription earlier that day (05/11/22) and would be delivering the medication to the facility that afternoon. Telephone interview with the facility's previous contracted pharmacy on 05/11/22 at 1:50pm revealed they had last dispensed citalopram 40mg for Resident #5 on 02/23/22 for a quantity of 30 tablets. Interview with another MA on 05/11/22 at 3:00pm revealed: -She had documented citalopram 40mg as not administered on 05/09/22 and 05/10/22 because the medication was not available on the medication cart for her to administer. -She documented citalopram as administered on 05/02/22 and 05/06/22 so she thought it must have been available for her to administer on those days and that she ran out after 05/06/22. Interview with a third MA on 05/13/22 at 9:30am revealed: -She had documented citalopram 40mg as administered on 05/03/22, 05/05/22, and 05/08/22, and had documented it as not administered on 05/07/22.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 172 -She documented in a progress note on 05/07/22 and 05/08/22 that citalopram was not available to administer to Resident #5, so she thought she clicked the wrong button on the eMAR when she documented that the medication was administered on 05/08/22. -She had not noticed any change in behavior for Resident #5 since missing doses of citalopram. Interview with a fourth MA on 05/16/22 at 4:15pm revealed: -She had documented Resident #5's citalopram 40mg as not administered on 05/04/22. -She did not know how long Resident #5 had been out of her citalopram prescription. -Any MA who worked when a prescription was low was responsible for requesting refills of the medication, but some MAs did not. -When a refill was requested from the pharmacy it was usually delivered either that night or the following day. Telephone interview with Resident #5's Mental Health Provider (MHP) on 05/13/22 at 11:10am revealed: -He had ordered citalopram for Resident #5 to treat depression. -Adverse reactions for missing doses of citalopram included increased depression or a "sensation of zapping" in the brain. -He expected the MAs to administer citalopram 40mg to Resident #5 daily as ordered, to request refills prior to the citalopram running completely out, and to call him right away if they needed him to write a new prescription with additional refills. Interview with the Scheduler/MA on 05/13/22 at 11:40am revealed: -The MAs were responsible for requesting refills of prescriptions from the pharmacy prior to them	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 173 running out, usually once the pills reached the last column in the medication card. -All the MAs had been trained on how to contact the pharmacy for medication refills. -She had been responsible for completing the duties of the Resident Care Coordinator (RCC) from March 2022 through the beginning of May 2022, and part of those duties included completing audits of the eMAR. -She completed audits of the eMAR around every other week but had not noticed Resident #5 had missed doses of citalopram. Observation of the medication cart on 05/13/22 at 1:15pm revealed: -There was a medication card for Resident #5 with citalopram 40mg tablets and a dispensed date of 05/11/22. -The medication card was in another resident's overstock medication section in the bottom drawer of the cart. Interview with the Administrator on 05/16/22 at 1:05pm revealed: -She was unaware that Resident #5 had missed doses of citalopram. -Medication cart audits should be completed once a day to ensure every resident had every medication that they needed. -She did not know which shift was responsible for completing the medication cart audits. -When a medication refill request was sent to the pharmacy, she thought it arrived quickly thereafter. -Blank spaces on the eMAR indicated that a medication was either not administered or not documented. -MAs were expected to request medication refills prior to them running out so that no doses would be missed.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 174 Telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm revealed he expected MAs to refill medications prior to them running out, and to document every time they did or did not administer a medication. Attempted interview with Resident #5 on 05/13/22 at 1:20pm was unsuccessful. b. Review of Resident #5's order summary report dated 04/07/22 revealed there was an order for divalproex (an anticonvulsant medication that was sometimes used to treat bipolar disorder) 250mg twice daily. Review of signed physician order dated 05/26/21 revealed there was an order for divalproex 250mg, take 1 tablet twice daily. Review of Resident #5's March 2022 eMAR revealed: -There was an entry for divalproex 250mg, take one tablet twice daily at 8:00am and 8:00pm. -Divalproex 250mg was documented as administered twice daily from 03/04/22 at 8:00pm through 03/31/22 at 8:00am, except for the 8:00am doses on 03/28/22 and 03/29/22 and the 8:00pm dose on 03/31/22 where there was no documentation on the eMAR. -Divalproex 250mg was documented as not administered from 03/01/22 through the 8:00am dose on 03/04/22 due to Resident #5 being out of the facility. Review of Resident #5's April 2022 eMAR revealed: -There was an entry for divalproex 250mg, take one tablet twice daily at 8:00am and 8:00pm. -Divalproex was documented as administered	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 175	D 358		

twice daily from 04/01/22 through 04/30/22 except for the following days which had no documentation: 8:00am dose from 04/10/22 through 04/15/22, and the 8:00pm dose on 04/11/22, 04/13/22 and 04/14/22.

Review of Resident #5's May 2022 eMAR revealed:
-There was an entry for divalproex 250mg, take one tablet twice daily at 8:00am and 8:00pm.
-Divalproex 250mg was documented as not administered for the 8:00am dose on 05/04/22, 05/07/22, 05/08/22, and 05/09/22 and the 8:00pm dose from 05/05/22 through 05/08/22.

Review of Resident #5's Progress Notes revealed:
-On 05/04/22 at 8:28am, a MA documented that divalproex was not available on the medication cart and she would follow-up with the pharmacy.
-On 05/05/22 at 10:59pm, a MA documented that divalproex was not administered due to "waiting on order."
-On 05/06/22 at 10:03pm, a MA documented that divalproex was not available and the pharmacy was notified.
-On 05/07/22 at 8:53am, a MA documented that divalproex was going to be delivered from the pharmacy that afternoon.
-On 05/07/22 at 7:53pm, a MA documented that divalproex was not available on the medication cart and that the pharmacy had been notified.
-On 05/08/22 at 8:02am, a MA documented that she was waiting on the arrival of divalproex from the pharmacy.
-On 05/08/22 at 8:37pm, a MA documented that divalproex was not administered and pharmacy was notified.

Observation of medication on hand for Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 176 #5 on 05/11/22 at 11:10am revealed there were two medication cards with divalproex 250mg tablets and a dispensed date of 05/09/22, one with 30 tablets and one with 27 out of 30 tablets remaining. Interview with a MA on 05/13/22 at 9:30am revealed: -She had documented divalproex 250mg as administered for Resident #5 at 8:00am on 05/03/22 and 05/05/22. -She had documented divalproex 250mg as not administered for Resident #5 at 8:00am on 05/07/22 and 05/08/22. -She could not remember when Resident #5 had run out of her prescription for divalproex but thought that if she had documented it as administered on 05/05/22 she would have run out after that. -She did not know if anyone had requested a refill of Resident #5's divalproex and thought that a MA on a shift prior to hers must have reordered it. Interview with another MA on 05/16/22 at 4:15pm revealed: -She had documented Resident #5's divalproex as not administered on 05/04/22 at 8:00am. -She did not know how long Resident #5 had been out of her divalproex prescription. -Any MA who worked when a prescription was low was responsible for reordering the medication, but some MAs did not. -When a refill was requested from the pharmacy it was usually delivered either that night or the following day. Telephone interview with Resident #5's Mental Health Provider (MHP) on 05/13/22 at 11:10am revealed: -He ordered divalproex for Resident #5 because	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 177	D 358		

she had a diagnosis of bipolar disorder.
-Potential adverse reactions for missing doses of divalproex included behavior disturbances, aggression, and psychotic behaviors.
- He expected the MAs to administer divalproex twice daily as ordered.
-The facility had his phone number and he expected staff to call him right away if they needed him to renew the prescription with additional refills.

Telephone interview with the facility's contracted pharmacy on 05/13/22 at 10:40am revealed they dispensed divalproex 250mg tablets for Resident #5 on 04/01/22 and 05/09/22 with a quantity of 60 tablets each time.

Interview with the Scheduler/MA on 05/13/22 at 11:40am revealed:
-She had worked as a MA on 05/07/22 and documented divalproex as not administered to Resident #5 because she did not see it on the medication cart; she requested a refill from the pharmacy that day.
-The MAs were responsible for requesting refills of prescriptions from the pharmacy prior to them running out, usually once the pills reached the last column in the medication card.
-All the MAs had been trained on how to contact the pharmacy for medication refills.
-She had been responsible for completing the duties of the RCC from March 2022 through the beginning of May 2022, and part of those duties included completing audits of the eMAR.
-She completed audits of the eMAR around every other week but had not noticed Resident #5 had missed doses of divalproex prior to working 05/07/22 and seeing that it was not available at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 178 Interview with the Administrator on 05/16/22 at 1:05pm revealed: -She was unaware that Resident #5 had missed doses of divalproex. -Medication cart audits should be completed once a day to ensure every resident had every medication that they needed. -She did not know which shift was responsible for completing the medication cart audits. -When a medication refill request was sent to the pharmacy, she thought it arrived quickly thereafter. -Blank spaces on the eMAR indicated that a medication was either not administered or not documented. -MAs were expected to request refills of medications prior to them running out so that no doses would be missed. Attempted interview with Resident #5 on 05/13/22 at 1:20pm was unsuccessful. 4. Review of Resident #2's current FL2 dated 04/07/22 revealed: -Diagnoses included epilepsy, major depressive disorder, and anxiety disorder. -She was intermittently disoriented. Review of Resident #2's signed physician order dated 12/01/21 revealed: -There was a new medication order for clonazepam (a Schedule IV controlled substance medication used to treat anxiety) 0.5mg tablets, take 1 tablet twice a week 30 minutes before showers. -The prescription was for the pharmacy to dispense 9 tablets (a 30-day supply) with 3 additional refills available. Review of Resident #2's Order Summary Report	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 179 dated 04/07/22 revealed there was no order listed for clonazepam 0.5mg, take 1 tablet twice a week 30 minutes before showers. Review of Resident #2's March 2022, April 2022, and May 2022 electronic medication administration record (eMAR) revealed there was no entry for clonazepam 0.5mg, take 1 tablet twice a week 30 minutes before showers. Review of Resident #2's Psychotherapy Progress Note dated 04/19/22 revealed: -Resident #2 had a visit with a social worker. -The treatment goal that was focused on during the session was to complete a shower without argument 2 days out of 7. -Resident #2's objective quote was "I haven't been getting nervous. The showers are better." -Facility staff had reported to the social worker that Resident #2 had not been combative with showers since switching her shower time to the evening. -There was no mention of Resident #2 taking clonazepam 0.5mg a half hour prior to taking showers. Observation of medication on hand for Resident #2 on 05/11/22 at 11:50am revealed there was no clonazepam 0.5mg tablets to be taken twice a week before showers. Telephone interview with the facility's contracted pharmacy on 05/16/22 at 1:45pm revealed: -They started servicing the facility at the end of March 2022. -When they took over pharmacy services for the facility, clonazepam 0.5mg twice a week 30 minutes before showers was not an active order for Resident #2.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 180	D 358		

Telephone interview with the facility's previously contracted pharmacy on 05/11/22 at 1:50pm revealed:
-Clonazepam 0.5mg twice a week 30 minutes before showers was an active order for Resident #2 when they ended services to the facility at the end of March 2022.
-They last dispensed clonazepam 0.5mg for Resident #2 on 01/07/22 with a quantity of 8 tablets which was a one-month supply.
-The facility had not requested another refill of clonazepam for Resident #2.

Interview with a personal care aide (PCA) on 05/13/22 at 10:00am revealed:
-Resident #2 needed assistance with showers.
-She got very anxious before getting a shower and that sometimes made it hard to assist her with bathing.
-Resident #2 used to take a medication prior to bathing that helped her relax but she did not know how long it had been since she last took it.
-It would be helpful for Resident #2 to have something to help her relax before showers.

Telephone interview with Resident #2's Mental Health Provider (MHP) on 05/13/22 at 11:10am revealed:
-He did not think that he wrote the initial prescription for Resident #2 to receive clonazepam 0.5mg twice a week 30 minutes before showers but he also did not discontinue it.
-He expected staff to call the pharmacy and request a refill if they had run out of the medication.

Interview with the Scheduler/medication aide (MA) on 05/13/22 at 11:40am revealed:
-She had been responsible for the duties of the Resident Care Coordinator (RCC) from March

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 181	D 358		

2022 to the beginning of May 2022 when they hired a new RCC.
-Part of her responsibility as RCC had been to process orders from the PCP and MHP.
-She was familiar with Resident #2's order for clonazepam 0.5mg twice a week before showers.
-She thought that Resident #2's previous MHP had discontinued the order and that was why it was no longer listed on the eMAR.
-She did not know where the order to discontinue the clonazepam was.

Telephone interview with Resident #2's previous MHP on 05/13/22 at 1:25pm revealed:
-Their provider saw Resident #2 on 12/01/21 and refilled her clonazepam prescription on 12/06/21.
-When they had ended their contract with the facility, he thought in March 2022, clonazepam 0.5mg twice weekly 30 minutes before showers was still a current order for Resident #2.

Interview with the Administrator on 05/16/22 at 1:05pm revealed:
-She had not worked for the facility until mid-April 2022.
-The current Scheduler/MA had been responsible at that time for processing new orders that came in from the providers.
-She had called the facility's previous pharmacy and was told the order had been discontinued in February 2022 but the pharmacy staff would not tell her when and would not fax the order to the facility.
-The MAs were expected to complete medication cart audits once a day to ensure that all medications were available for administration when needed; she did not know which shift was responsible for the medication cart audits.
-The RCC was responsible for completing audits of the eMARs which would include verifying that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 182	D 358		

all orders on the eMAR were active and current.
-She expected all new orders to be reviewed and implemented the same day they were received from the PCP and MHP.

Attempted telephone interview with Resident #2's social worker on 05/16/22 at 5:15pm was unsuccessful.

5. Review of Resident #8's current FL2 dated 04/07/22 revealed diagnoses included chronic idiopathic constipation, schizoaffective disorder bipolar type and hyperglycemia.

a. Review of Resident #8's current FL2 dated 04/07/22 revealed there was an order for lamotrigine (used to treat bipolar disorder) 325mg tablets 1 tablet at bedtime.

Review of Resident #8's electronic Medication Administration Record (eMAR) for April 2022 revealed:
-There was an entry for lamotrigine 200mg 1 tablet daily scheduled for administration at 9:00am.
-There was no documentation lamotrigine was administered to Resident #8 for 4 of 30 opportunities from 04/01/22 through 04/30/22 including on 04/27/22 and 04/29/22 with no reason documented and on 04/28/22 and 04/30/22 due to medication not on the cart.

Review of Resident #8's electronic eMAR for May 2022 revealed:
-There was an entry for lamotrigine 200mg 1 tablet daily at 9:00am.
-There was no documentation Resident #8 was administered lamotrigine for 1 of 4 opportunities from 05/01/22 through 05/04/22 including on 05/01/22 due to medication not in.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 183 Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/13/22 at 11:51am revealed: -There was an order for lamotrigine 200mg 1 tablet daily. -The pharmacy started servicing the facility at the end of March 2022. -The initial prescription for lamotrigine was dispensed to the facility on 03/22/22 with a quantity of 30 tablets and should have lasted 30 days. -The facility requested a refill of lamotrigine on 04/27/22, but there were no refills on the prescription. -The pharmacy sent a request for an order to refill on 04/27/22 and received the order from the physician on 05/03/22. -Lamotrigine was dispensed to the facility on 05/03/22 with a quantity of 30 tablets. Telephone interview with a pharmacist from the facility's former contracted pharmacy on 05/13/22 at 11:55am revealed 30 tablets of lamotrigine 200mg 1 tablet daily was dispensed to the facility on 02/21/22. Interview with a medication aide (MA) on 05/13/22 at 1:17pm revealed: -MAs were responsible for reordering medication when the medication was down to the reorder mark on the bubble pack and there was about a week's worth of medication remaining. -MAs reordered medication through the eMAR system, but the eMAR system did not indicate if a new prescription was needed before the medication was sent to the facility. -If she continued to see a medication was not on the medication cart, she contacted the pharmacy and then contacted the resident's primary care	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 184 provider (PCP) if needed. Interview with another MA on 05/16/22 at 12:07pm revealed: -Medications were to be reordered when only the last row of medication remained in the bubble card. -MAs faxed the request to refill a medication to the pharmacy or requested a refill through the eMAR system. -If a resident was out of medication, the MA should have looked in the bottom drawer of the medication cart in the overflow medications. -If the medication was not on the medication cart or in overflow, she documented a progress note and waited until the next shift to ask staff if they knew where the medication was. -She would have also let the Scheduler/MA know and the Scheduler/MA might have told her to call the pharmacy. Interview with the Resident Care Coordinator (RCC) on 05/16/22 at 12:34pm revealed: -MAs were responsible for reordering medications. -MAs were to reorder medications within a week of the medication running out. -She did not know Resident #8 was out of lamotrigine at the end of April 2022 and the beginning of May 2022. -The MAs should have reached out to the pharmacy to see why lamotrigine was not dispensed to the facility and documented it in Resident #8's progress notes. -The MAs should have also notified her if they were having trouble getting the medication in the facility. Interview with a third MA on 05/16/22 at 4:15pm revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 185 -MAs were responsible for reordering medications. -When medication was reordered, it was usually delivered from the pharmacy that night or on the next day. -When Resident #8 was out of lamotrigine in April and May 2022, she thought either Resident #8 needed a new prescription, or the pharmacy was out of lamotrigine. -She was not sure if she contacted the pharmacy to request a refill for Resident #8's lamotrigine. Interview with the Administrator on 05/16/22 at 1:24pm revealed: -She did not know lamotrigine was not available in the facility for administration to Resident #8 for multiple days. -MAs should have completed a daily medication cart audit to make sure medications were on the medication cart, dated, and that no medications were expired. -She thought the eMAR system populated to remind the MA to reorder a medication prior to the medication running out. -Lamotrigine should have been reordered from the pharmacy prior to the medication running out. Attempted interview with Resident #8's mental health provider (MHP) provider on 05/16/22 at 3:35pm was unsuccessful. b. Review of Resident #8's current FL2 dated 04/07/22 revealed there was an order attached to the FL2 for pregabalin (used to treat epilepsy and anxiety) 50mg 1 tablet twice daily. Review of Resident #8's electronic Medication Administration Record (eMAR) for April 2022 revealed: -There was an entry for pregabalin 50mg 1 tablet	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 186	D 358		

daily scheduled for administration at 9:00am and 9:00pm.
-There was no documentation pregabalin was administered to Resident #8 for 14 of 60 opportunities from 04/01/22 through 04/30/22 including on 04/02/22 at 9:00am, on 04/10/22 at 9:00am, on 04/11/12 at 9:00am and 9:00pm, on 04/12/22 at 9:00am, on 04/13/22 at 9:00am and 9:00pm, on 04/14/22 at 9:00am and 9:00pm, on 04/15/22 at 9:00am, and on 04/19/22 at 9:00am with no reason documented; on 04/09/22 at 9:00am and on 04/10/22 at 9:00pm due to medication not on the cart; and on 04/12/22 at 9:00pm due to waiting on pharmacy.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/16/22 at 11:36am revealed:
-Pregabalin 50mg 1 capsule twice daily was dispensed to the facility on 04/12/22 with a quantity of 60 tablets.
-Sixty tablets should have lasted 30 days.
-There had been no other requests to refill pregabalin.

Telephone interview with a pharmacist from the facility's former contracted pharmacy on 05/16/22 at 11:42am revealed:
-Pregabalin 50mg 1 capsule twice daily was dispensed to the facility on 01/05/22, 02/04/22, and on 03/08/22 with a quantity of 60 capsules each time.
-Sixty tablets should have lasted 30 days.

Interview with a medication aide (MA) on 05/13/22 at 1:17pm revealed:
-MAs were responsible for reordering medication when the medication was down to the reorder mark on the bubble pack and there was about a week's worth of medication remaining.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 187 -MAs reordered medication through the eMAR system, but the eMAR system did not indicate if a new prescription was needed before the medication was sent to the facility. -If she continued to see a medication was not on the medication cart, she contacted the pharmacy and then contacted the resident's primary care provider (PCP) if needed. Interview with another MA on 05/16/22 at 12:07pm revealed: -Medications were to be reordered when only the last row of medication remained in the bubble card. -MAs faxed the request to refill a medication to the pharmacy or requested a refill through the eMAR system. -If a resident was out of medication, the MA should have looked in the bottom drawer of the medication cart in the overflow medications. -If the medication was not on the medication cart or in overflow, she documented a progress note and waited until the next shift to ask staff if they knew where the medication was. -She would have also let the Scheduler/MA know and the Scheduler/MA might have told her to call the pharmacy. Interview with a third MA on 05/16/22 at 4:15pm revealed: -MAs were responsible for reordering medications. -When medication was reordered, it was usually delivered from the pharmacy that night or the next day. -She remembered Resident #8 was out of pregabalin, but she did not remember when. -She thought Resident #8 was out of pregabalin because the pharmacy needed a new prescription.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 188 -The MAs were responsible for contacting Resident #8's PCP to get a new prescription. Interview with the Resident Care Coordinator (RCC) on 05/16/22 at 12:34pm revealed: -MAs were responsible for reordering medications. -MAs were to reorder medications within a week of the medication running out. -She did not know Resident #8 was out of pregabalin in April 2022. -The MAs should have reached out to the pharmacy to see why pregabalin was not dispensed to the facility and documented it in Resident #8's progress notes. -The MAs should have also notified her if they were having trouble getting the medication in the facility. Interview with the Administrator on 05/16/22 at 1:24pm revealed: -She did not know pregabalin was not available for administration to Resident #8 for multiple days. -MAs should have completed a daily medication cart audit to make sure medications were on the medication cart, dated, and that no medications were expired. -She thought the eMAR system populated to remind the MA to reorder a medication prior to the medication running out. -Pregabalin should have been reordered from the pharmacy prior to the medication running out. -The eMAR system was out for a few days in April 2022, but a blank space with no documentation usually meant the medication was not giving. Attempted interview with Resident #8's mental health provider (MHP) provider on 05/16/22 at 3:35pm was unsuccessful.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 189 6. Review of Resident #1's current FL2 dated 04/07/22 revealed diagnoses included cerebral ischemia, vascular dementia, hypertension, chronic kidney disease stage 4, gastroesophageal reflux disease, hypothyroidism, abdominal aortic aneurysm, chronic obstructive pulmonary disease, coronary artery disease, dependency on oxygen and depression. a. Review of Resident #1's current FL2 dated 04/07/22 revealed an order for acetaminophen 325mg 2 tablets every 8 hours as needed for pain or fever (used to treat pain). Review of Resident #1's hospital discharge summary report dated 03/21/22 revealed an order for acetaminophen 325mg 2 tablets every 8 hours as needed for pain or fever. Review of Resident #1's home health note dated 03/28/22 revealed: -The nurse providing wound care noted Resident #1 was observed lying in bed. -The resident continuously complained of pain in the right leg when moved. Review of Resident #1's home health note dated 03/29/22 revealed: -The therapist noted upon arrival Resident #1 was observed sitting up in a wheelchair. -The resident complained of pain in bilateral lower extremities with movement. Review of Resident #1's home health note dated 03/31/22 revealed: -The nurse providing wound care noted upon arrival Resident #1 was lying in bed. -The resident was complaining of pain in her right lower extremity.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 190 -The resident expressed increased complaints of pain when moving. Review of Resident #1's home health note dated 04/05/22 revealed: -The therapist noted Resident #1 was lying in bed. -The resident complained of pain in her right lower extremities. Review of Resident #1's home health note dated 04/06/22 revealed Resident #1 complained of pain. Review of Resident #1's home health note dated 04/07/22 revealed: -Upon arrival Resident #1 was lying in bed. -The resident complained of pain in the right lower extremities with movement. -Resident #1 was moaning and yelling with pain. Review of Resident #1's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for acetaminophen 325mg every 8 hours as needed for pain or fever. -There was no documentation acetaminophen 325mg (650mg) was administered for pain from 03/21/22 through 03/31/22. Review of Resident #1's April 2022 eMAR revealed: -There was an entry for acetaminophen 325mg every 8 hours as needed for pain or fever. -There was no documentation acetaminophen 325mg (650mg) was administered for pain from 04/01/22 through 04/15/22. Request for observation of Resident #1's medications on 05/13/22 at 11:10am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 191 -There were no medications in the facility for Resident #1. -A medication disposition sheet was provided. Review of Resident #1's medication disposition sheet revealed 140 acetaminophen 325mg tablets were supposed to be returned to the pharmacy on 05/06/22. Telephone interview with the pharmacy revealed 05/13/22 at 12:14pm revealed: -Tylenol 325mg 2 tablets as needed every 8 hours was filled on 03/22/22 and 120 tablets were dispensed. -Tylenol 325mg 2 tablets as needed every 8 hours was filled on 04/21/22 and 120 tablets were dispensed. -As of today's, date (05/13/22), none of Resident #1's medications had been returned to the pharmacy. Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/17/22 at 11:22am revealed: -As of today's date (05/17/22), none of Resident #1's medications, including tylenol 325mg had been returned to the pharmacy. -When a medication was returned, the quantity was checked and the medication disposition sheet was scanned into the system the same day or the next day. Interview with a second shift medication aide (MA) on 05/16/22 at 5:10pm revealed: -Resident #1 always yelled that she was in pain. -The resident mentally was not capable of asking for pain medication. -She did not give the pain medication each time she complained about being in pain. -She did not document the resident was in pain or	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 192	D 358		

give the resident pain medication because the resident always complained about being in pain.
-She could tell if the resident was really in pain by judging the resident's facial expression.
-The resident had a scheduled tylenol, so she did not give the as needed pain medication for pain.
-She was unable to recall how many times, if any, she gave Resident #1 as needed medication for pain.

Interview with the Scheduler/MA on 05/16/22 at 11:01am revealed:
-When staff assisted Resident #1, she often complained that she was in pain.
-When staff told her, the resident complained about being in pain, she would tell staff to give the resident a tylenol.
-She never checked to make sure the tylenol was administered.

Telephone interview with Resident #1's primary care provider (PCP) on 05/13/22 at 4:03pm revealed:
-She was unaware Resident #1 cried out in pain every day.
-Resident #1 had acetaminophen 325mg 2 tablets every 8 hours as needed for pain.
-If the resident was crying out in pain that was what the as needed pain medication was for.
-The resident could have had up to 6 tylenol per day, in addition to the scheduled pain medication and another as needed pain medication.
-If a medication was ordered it should be administered as ordered.

b. Review of Resident #1's hospital discharge summary report dated 03/21/22 revealed an order for tramadol 50mg, 1 tablet by every 8 hours as needed for pain (used to treat pain).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 193	D 358		

Review of Resident #1's home health note dated 03/23/22 revealed:
-The therapist documented Resident #1 was in "significant pain" at the right hip.
-Tramadol was added for pain control, not sure if administered.
-The resident repeatedly stated, "please don't hurt me, don't hurt me."

Review of Resident #1's March 2022 eMAR revealed:
-There was an entry for tramadol 50mg every 8 hours as needed for pain.
-There was no documentation tramadol 50mg was administered from 03/15/22 through 03/31/22.

Review of Resident #1's April 2022 eMAR revealed:
-There was an entry for tramadol 50mg every 8 hours as needed for pain.
-There was documentation tramadol 50mg was administered twice in April 2022.
-There was documentation tramadol 50mg was administered on 04/08/22 at 8:04am, the result was effective.
-There was documentation tramadol 50mg was administered on 04/13/22 at 8:13am, the result was unknown.

Request for observation of Resident #1's medications on 05/13/22 at 11:10am revealed:
-There were no medications in the facility for Resident #1.
-A medication disposition sheet was provided.

Review of Resident #1's medication disposition sheet revealed 16 tramadol tablets were to be returned to the pharmacy on 05/05/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 194	D 358		

Telephone interview with representative from the facility's contracted pharmacy on 05/13/22 at 2:10pm revealed Resident #1's medications had not been returned to the pharmacy.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/17/22 at 11:22am revealed:
-Resident #1's tramadol was filled on 03/30/22 and 20 tablets were dispensed to the facility.
-As of today's date (05/17/22), none of Resident #1's medications had been returned to the pharmacy.

Telephone interview with Resident #1's Power of Attorney (POA) on 05/16/22 at 3:26pm revealed:
-When he visited the resident on 04/13/22, the resident complained about being in pain.
-When requesting pain medication for Resident #1, he had to search for a staff person on all three floors at the facility.
-He eventually found the MA and asked her give Resident #1 something for pain.
-When he visited Resident #1, no staff came to the room, checked on the resident or asked if she needed something for pain.
-This was the only time he observed staff administer pain medication to Resident #1.

Interview with the Home Health Nurse (HHN) on 05/12/22 at 2:56pm revealed:
-What she witnessed was the resident crying out in pain and staff saying the resident always cried out in pain (unable to recall the date).
-Staff said "they barely touched the resident and she cried out that she was in pain".
-If someone moved the resident and did not turn the resident's whole body that could caused problems and pain.
-During a visit in March 2022 (unable to recall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 195	D 358		

exact date) Resident #1 complained of pain in her leg.
-She informed staff the resident complained about pain.
-Staff verbalized the resident was always saying she was in pain and they were not sure if the pain was real.
-She heard that later the resident went out to the hospital.

Telephone interview with the physical therapist on 05/12/22 at 3:52pm revealed:
-Resident #1 was non-ambulatory and was a two person assist when providing care.
-Resident #1 complained a lot about pain in her right hip.
-The resident could not move her right side because of pain.
-The resident previously had a hip replacement on the right side.
-Resident #1 always expressed a fear of falling and pain in her right hip.
-The resident did not like to move her right leg because of the pain.
-He was not sure Resident #1 had the cognitive ability to ask for pain medication or even knew about medication for pain.

Interview with a second shift PCA on 05/13/22 at 3:25pm revealed:
-The resident repeatedly complained that she was in pain any time she touched her.
-She did not tell the MA when the resident complained about pain because she thought the resident was just saying she was in pain.

Telephone interview with a first shift MA on 05/17/22 at 10:35am revealed:
-Resident #1 would always said she was in pain.
-She could not remember if she had ever

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 196	D 358		

administered the resident any medication for pain.
-If she did not document that she gave pain medication, then she probably did not give the resident pain medication.
-The resident's cry for pain was repetitive so she was not sure if the resident was truly in pain.
-She thought the cry for pain was because the resident did not want to be touched or moved.

Telephone interview with Resident #1's PCP on 05/13/22 at 4:03pm revealed:
-She was unaware Resident #1 cried out in pain every day.
-Resident #1 had two as needed pain medications and a scheduled pain medication.
-If the resident was crying out in pain that was what the as needed pain medication was for.
-The resident could have had up to 3 tramadol tablets per day in addition to the scheduled pain medication and other as needed medication.
-If staff were not sure they should administer the medication, then they should have contacted her.
-There was no way staff would have known the resident was not truly in pain.
-The as needed pain medication should have been administered as ordered.

Interview with the Administrator on 05/16/22 at 12:40pm revealed:
-If the resident was in pain, then as needed pain medication should be administered.
-If the pain medication did not help, the PCP should be notified.
-There should be documentation to show medication was administered and PCP was notified.

7. Review of Resident #4's current FL2 dated 04/07/22 revealed diagnoses included obesity,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 197	D 358		

acute myocardial infarction, hyperlipidemia, hypertension, type 2 diabetes mellitus and chronic obstructive pulmonary disease.

Review of Resident #4's current FL2 dated 04/07/22 revealed there were no medications listed on the FL2 and there were no medication orders attached to the FL2.

Review of Resident #4's previous FL2 dated and hospital discharge summary report dated 01/05/22 revealed medication orders included simvastatin 20mg 1 tablet orally every day at bedtime (used to high cholesterol).

Review of Resident #4's hospital discharge universal medication form dated 01/11/22 revealed the resident's current medications included simvastatin 20mg at bedtime.

Review of Resident #4's April 2022 eMAR revealed:
-There was an entry for simvastatin 20mg scheduled for administrator daily at 9:00pm.
-There was no documentation simvastatin 20mg was administered daily as ordered for 4 of 30 administration opportunities from 04/01/22 through 04/30/22.
-There was no documentation why simvastatin 20mg was not administered daily as ordered at 9:00pm on 04/11/22, 04/10/22, 04/13/22, 04/14/22 and 04/18/22.

Interview with Resident #4 on 05/16/22 at 3:42pm revealed:
-Facility staff administered her medications daily.
-Some of the medications she knew by looking at them but did not know their names.
-She was unable stated with certainty all her medications were administered as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 198 Interview with a second shift MA on 05/16/22 at 5:31pm revealed: -When the internet was down staff were to document on the paper MARs. -If there were holes on Residents #4 eMARs, then someone did not document on the paper MARs or in the eMAR system. -She could not say why the medication was not administered. _____ The facility failed to ensure medications were administered as ordered for 7 of 7 sampled residents related to a resident with depression and bipolar medication not being available putting the resident at risk for increased depression, behavior disturbances, and aggression (#5); a resident with anxiety not getting ananti-anxiety medication before showers causing the resident to become very anxious and made it difficult for staff to assist the resident with bathing (#2); a resident who had a diagnosis of osteoporosis not receiving a medication to slow bone loss placing the resident at risk for bone fractures (#3); a resident who had a history of schizophrenia, anxiety and insomnia not getting a medication to help with behaviors resulting in the resident being hospitalized for altered mental status and not getting a medication for insomnia resulting in restlessness and inability to sleep (#7); a resident abruptly stopping a bipolar and anti-anxiety medication placing the resident a risk for moodiness, hostility, loss of focus and suicidal tendencies (#8); and a resident that continually cried in pain not getting as needed pain medication resulting in an unknown femur fracture and delay in receiving medical attention (#1). The facility's failure to administer medications as ordered placed the residents at substantial risk of pain, physical harm, and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 199 neglect which constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/12/22 for this violation. CORRECTION FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 16, 2022.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to accurately document administration of medications on the	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 200	D 367		

electronic Medication Administration Record (eMAR) for 2 of 6 residents (Resident #1 and #5).

The findings are:

1. Review of Resident #5's current FL2 dated 04/07/22 revealed:
-Diagnoses included type 2 diabetes, major depressive disorder, and anxiety.
-She was intermittently disoriented.

Review of Resident #5's signed physician order dated 03/12/22 revealed:
-There was an order to start clindamycin 150mg, take three capsules three times a day to treat left leg cellulitis.
-The prescription was for 63 capsules with no refills (a seven-day supply).

Review of Resident #5's Order Summary Report dated 04/07/22 revealed:
-There was an order for clindamycin (an antibiotic used to treat various types of infection) 150mg, take 3 capsules three times a day.
-The start date for the clindamycin was 03/14/22, and the order status was listed as "On Hold."

Review of Resident #5's March 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for clindamycin 150mg, give 3 capsules three times a day at 8:00am, 2:00pm and 8:00pm.
-Clindamycin 150mg take 3 capsules three times daily was documented as administered from the 8:00pm dose on 03/14/22 through the 2:00pm dose on 03/21/22 which is when the quantity of tablets dispensed would have ran out.
-Clindamycin 150mg take 3 capsules three times daily was documented as administered at 8:00am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 201 on 03/22/22, 03/24/22, and 03/31/22; and at 2:00pm on 03/24/22 and 03/25/22; and at 8:00pm on 03/21/22 and 03/25/22. Review of Resident #5's April 2022 eMAR revealed: -There was an entry for clindamycin 150mg, give 3 capsules three times a day at 8:00am, 2:00pm and 8:00pm. -Clindamycin was documented as "Held" and not administered from the 8:00am dose on 04/01/22 to the 2:00pm dose on 04/20/22, and from the 8:00pm dose on 04/21/22 through the 8:00pm dose on 04/27/22. -Clindamycin was documented as administered at 8:00am on 04/21/22, 04/29/22 and 04/30/22. -Clindamycin was documented as not administered at 8:00am on 04/28/22, and at 2:00pm on 04/21/22, 04/28/22 and 04/30/22, and at 8:00pm on 04/20/22, 04/28/22, 04/29/22 and 04/30/22. Review of Resident #5's May 2022 eMAR revealed: -There was an entry for clindamycin 150mg, give 3 capsules three times a day at 8:00am, 2:00pm and 8:00pm. -Clindamycin 150mg take 3 capsules three times daily was documented as administered at 8:00am on 05/02/22 and 05/06/22; and at 2:00pm on 05/02/22, and at 8:00pm on 05/01/22 and 05/04/22. -Clindamycin was documented as not administered the remaining days from 05/01/22 through 05/07/22 when it was documented as discontinued from the eMAR. Review of Resident #5's Progress Notes revealed: -On 05/05/22 at 10:59pm, a medication aide (MA)	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 202	D 367		

documented clindamycin as not administered due to "waiting on order."
-On 05/06/22 at 10:03pm, a MA documented clindamycin as not administered due to medication not being available and that the pharmacy was notified.
-On 05/07/22 at 8:55am and 1:10pm, a MA documented clindamycin as not administered due to medication being discontinued.
-On 05/08/22 at 1:33pm, a MA documented clindamycin as not administered due to medication not available.

Observation of medications on hand for Resident #5 on 05/11/22 at 11:10am revealed there was no clindamycin on the medication cart for administration.

Telephone interview with a representative from the facility's contracted pharmacy on 05/11/22 at 1:35pm revealed:
-They had started servicing the facility at the end of March 2022.
-They had never dispensed clindamycin for Resident #5.

Telephone interview with a representative from the facility's previously contracted pharmacy on 05/11/22 at 1:50pm revealed:
-They had received an order from an Emergency Room (ER) provider on 03/12/22 for clindamycin 150mg, give 3 capsules three times daily, with a dispense quantity of 63 capsules and 0 refills.
-On 03/12/22, they dispensed a quantity of 63 clindamycin 150mg capsules for Resident #5.
-They had not dispensed any additional clindamycin for Resident #5.

Interview with a MA on 05/11/22 at 3:00pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 203 -She remembered Resident #5 receiving clindamycin in March 2022, but it was just a one-week course of antibiotic. -She had documented clindamycin as administered to Resident #5 at 8:00am on 04/21/22, and at 8:00am and 2:00pm on 05/02/22, and at 8:00am on 05/06/22. -She had mis-clicked on the eMAR that the medication had been administered and she had not actually given Resident #5 clindamycin on those days. Interview with another MA on 05/13/22 at 9:30am revealed: -She had documented clindamycin as administered to Resident #5 at 2:00pm on 03/25/22. -She thought she had accidentally clicked the button which documented medication administration because she never had clindamycin on the medication cart for Resident #5 after the one-week course of treatment had ended. Interview with the Scheduler/MA on 05/13/22 at 11:40am revealed: -From March 2022 up until about a week prior she had been responsible for the duties of the Resident Care Coordinator (RCC). -She had been responsible for implementing new orders or discontinuing orders that had ended. -She should have added an end-date to Resident #5's clindamycin order so that it would not carry forward on the eMAR but forgot to. -She had documented clindamycin as administered to Resident #5 at 8:00am on 03/25/22 and 03/31/22 and thought she had just documented in error because Resident #5 did not have clindamycin on the medication cart at that time.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 204 Interview with the Administrator on 05/16/22 at 1:05pm revealed: -The RCC was responsible for processing new orders which included faxing them to the pharmacy and verifying they were entered into the eMAR system correctly. -The RCC was also responsible for completing eMAR audits and checking that all orders listed on the eMAR were current and active. -She was not aware that MAs were documenting clindamycin as administered to Resident #5 when they did not have the medication available to administer. -She expected all MAs to administer medications as ordered, to only document the medications they actually administered, and to reconcile the MAR with the primary care provider (PCP) and pharmacy if they saw an order that was outdated on the eMAR. Refer to interview with the corporate nurse on 05/10/22 at 1:30pm. Refer to interview with a MA on 05/13/22 at 9:30am. Refer to telephone interview with a MA on 05/16/22 at 4:15pm. Refer to interview with another MA on 05/16/22 at 4:40pm. Refer to interview with the Scheduler/MA on 05/13/22 at 11:40am. Refer to interview with the RCC on 05/16/22 at 8:50am. Refer to interview with the Administrator on	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 205 05/16/22 at 1:05pm. Refer to telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm. 2. Review of Resident #1's current FL2 dated 04/07/22 revealed diagnoses included cerebral ischemia, vascular dementia, anemia, hypertension, chronic kidney disease stage 4, gastroesophageal reflux disease, hypothyroidism, abdominal aortic aneurysm, chronic obstructive pulmonary disease, coronary artery disease, dependency on oxygen and depression. Review of Resident #1's current FL2 revealed there was an order for levothyroxine sodium 75mcg, give 1 tablet one time a day (used to treat hypothyroidism). Review of Resident #1's previous hospital discharge summary dated 03/21/22 revealed medication orders included levothyroxine sodium 75mcg, give 1 tablet one time a day. Review of Resident #1's March 2022 eMAR revealed: -There was an entry for levothyroxine sodium 75mcg, give 1 tablet one time a day scheduled for administration at 8:00am. -There was documentation on the eMAR that Resident #1 was hospitalized from 03/15/22 through 03/21/22. -There was documentation levothyroxine sodium 75mcg was administered on 03/16/22 at 8:00 and 03/18/22 at 8:00am when the resident was out of the facility at the hospital. Review of Resident #1's hospital discharge summary report dated 03/21/22 revealed the resident was in the hospital from 03/15/22	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 206 through 03/21/22. Telephone interview with a medication aide (MA) on 05/16/22 at 4:13pm revealed: -When the internet was down MAs were to use paper MARs. -If there were holes on Resident #1's paper MARs and eMARs, and there was no documentation why that meant the medication was not administered. -If the medication was administered there should be documentation somewhere. Interview with a second shift MA on 05/16/22 at 5:31pm revealed: -When the internet was down staff were to document on the paper MARs. -If there were holes on Residents #1 eMARs, then someone didn't document on the paper MARs or in the eMAR system. -She can't say the medication was not administered. -When she worked, she was given a sample of residents to audit their medications with the eMARs to ensure medications matched the eMARs. -If she identified a discrepancy then she stapled the audit report and the eMAR together showing what was in the medication cart and what was not. -She put the report in the Scheduler/MA's box for review. Refer to interview with the corporate nurse on 05/10/22 at 1:30pm. Refer to interview with a MA on 05/13/22 at 9:30am. Refer to telephone interview with a MA on	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 207 05/16/22 at 4:15pm. Refer to interview with a MA on 05/16/22 at 4:40pm. Refer to interview with the Scheduler/MA on 05/13/22 at 11:40am. Refer to interview with a RCC on 05/16/22 at 8:50am. Refer to interview with the Administrator on 05/16/22 at 1:05pm. Refer to telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm. _____ Interview with the corporate nurse on 05/10/22 at 1:30pm revealed: -The facility's internet was down for several days. -When the internet was down, she told staff to have the pharmacy print paper MARs. -She instructed the MAs to document on the paper MARs. -The internet was up and down so much she told the MAs to just use the paper MARs until the internet was fixed. -There should be documentation medications were administered on the paper MARs. -If there were no paper MARs, then she could not validate medications were administered. Interview with a MA on 05/13/22 at 9:30am revealed: -There were blank spaces in the eMAR because for the last couple of months the facility had been having internet connectivity issues. -The MAs were told to document their medication administrations on paper MARs, but a lot of MAs forgot.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 208 -The medications were all administered during internet down times, but sometimes when the internet went down it deleted their documentation. Telephone interview with a MA on 05/16/22 at 4:15pm revealed: -The internet had been down intermittently for a while, but she did not remember exact days or times. -The MAs had been told by someone, she thought the previous administrator, to use their cellphones at internet "hot spots" so that they could document on the eMAR. -If they were unable to get internet, the MAs all knew they were supposed to document their medication administrations on a printed-out paper MAR with their initials. Interview with the MA on 05/16/21 at 4:45pm revealed: -She administered medications on all shifts. -An "X" on the eMAR indicated a medication that had not been released. -The scheduler was the interim Resident Care Coordinator (RCC) in April 2022 and was responsible for making sure MAs documented medications on the eMAR. -If spaces on the eMAR or paper MAR were blank, the MA did not give the medication or forgot to document. -The interim RCC would occasionally remind MAs to make sure all holes were documented in the eMAR. Interview with the Scheduler/MA on 05/13/22 at 11:40am revealed: -It had been her responsibility to review documentation on the MARs, both electronic and the paper MARs. -She had told the MAs every day they needed to	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 209	D 367		

go back before their shift ended and fill in any holes in their documentation.
-She did not check the paper MARs as often as she thought she probably should have because she had a lot of other responsibilities at the time as well.
-She went back and checked on the MAs documentation around every other week but had not noticed there being so many holes in the documentation.
-All the residents received the medications they were ordered, the blank spaces in the MARs were just from the MAs forgetting to document.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She was hired 05/02/22 as the RCC.
-She was responsible to audit eMARs for accuracy but had not had time to audit every resident.
-She was responsible to ensure orders were entered on the eMAR and were accurate.
-She expected all residents' medications to be administered as ordered.
-She expected all residents' medications to be documented as administered as soon as they are given.
-The MAs chart "9" and type a progress note in the eMAR to note that the medication was not administered and why it was not administered.
-Missing documentation on the eMAR usually meant the MA did not give the medication or forgot to document.
-She had reminded MAs daily to fill in missing documentation on the eMAR.

Interview with the Administrator on 05/16/22 at 1:05pm revealed:
-She started working for the facility 04/11/22 and that day she remembered the internet had been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 210 down. -Blank spaces or "holes" in the eMAR/MAR indicated that a medication was not administered, or not documented on. -The RCC was responsible for completing audits of the MARs, and in April that was the Scheduler's responsibility as they had not yet hired their new RCC. -She did not know if anyone had done MAR audits and noticed the blank spaces in the MARs. -She expected MAs to document every medication they administer or do not administer, there should never be a blank space on the eMAR/MAR. -If the internet went down and MAs were unable to document in the eMAR, the expectation was that document their medication pass on the paper MAR. Telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm revealed it was his expectation that the MAs complete the MARs by filling in every medication as either administered or not administered.	D 367		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by:	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 211 Based on observations, interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances was maintained for 4 of 6 sampled residents (Resident #1, #3, #4 and #7) related to pain medication (#1 and #4), a sedative medication (#7) and an appetite stimulate (#3). The findings are: 1. Review of Resident #3's current FL2 dated 04/07/22 revealed diagnoses chronic kidney disease and deep vein thrombosis. Review of Resident #3's physician's order dated 03/15/22 revealed an order for dronabinol 2.5mg (a Scheduled II controlled substance used to stimulate appetite) take 2 capsules twice daily. Review of Resident #3's electronic medication administration record (eMAR) for March 2022 compared to the CSCS for dronabinol 2.5mg with quantity received of 120 capsules on 03/15/22 revealed: -There was an entry for dronabinol 2.5mg take 2 capsules before meals at 6:30am, 11:00am and 4:00pm with opportunities from 03/11/22 at 4:00pm through 03/20/22 at 11:00am. -There was a second entry for dronabinol 2.5mg take 2 capsules twice daily at 8:00am and 8:00pm. -There was documentation of administration for 33 doses (66 capsules) of dronabinol 2.5mg capsules administered from 03/16/22 to 03/30/22. -There was no documentation on the eMAR for 2 opportunities when dronabinol 2.5mg 2 capsules were signed out on the CSCS on 03/28/22 for 8:00pm and 03/29/22 for 8:00pm. -There was documentation dronabinol 2.5mg was	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 212	D 392		

held on 03/20/22 at 11:00am.
-There was documentation using code "9" (other/see progress notes) for 14 opportunities from 03/11/22 at 4:00pm to 03/24/22 at 8:00pm.
-There were no eMAR exceptions documented or progress notes available for review for March 2022.

Review of Resident #3's controlled substance count sheets (CSCS) revealed:
-There was documentation for receipt of 120 capsules of dronabinol 2.5mg on 03/15/22 on the pharmacy label.
-The hand-written quantity received was 60 capsules.
-There was documentation 60 capsules of dronabinol 2.5mg were signed out from 03/16/22 to 03/30/22.

Review of Resident #3's eMAR and paper medication administration record (MAR) for April 2022 compared to the CSCS beginning 04/28/22 for dronabinol 2.5mg dispensed for 120 capsules with no date printed date from pharmacy revealed:
-There was an entry for dronabinol 2.5mg take 2 capsules twice daily at 8:00am and 8:00pm.
-There was documentation of administration for 42 doses (84 capsules) of dronabinol 2.5mg administered from 04/01/22 at 8:00am to 04/30/22 at 8:00pm.
-There was no documentation dronabinol 2.5mg 2 capsules were administered on the eMAR or paper MAR for 8 opportunities from 04/01/22 at 8:00am to 04/30/22 at 8:00pm .
-There was documentation using code "9" (other/see progress notes) for 8 opportunities from 04/14/22 at 8:00pm to 04/20/22 at 8:00pm.
-There was documentation on the paper MAR where dronabinol 2.5mg was not administered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 213	D 392		

with hand written initials circled on 04/16/22.
-There was no documentation dronabinol 2.5mg 2 capsules was signed out on the CSCS from 04/01/22 through 04/28/22 at 8:00am.
-There were no eMAR exceptions documented or progress notes available for review for April 2022.

Review of Resident #3's CSCS revealed:
-There was documentation for receipt of 120 capsules of dronabinol 2.5mg on 04/20/22.
-There was a line through the print "120 cap" and "60" written beside it.
-There was documentation 10 capsules (5 doses) dronabinol 2.5mg were signed out from 04/28/22 to 04/30/22.

Review of Resident #3's eMAR and paper MAR for May 2022 compared to the CSCS beginning 04/28/22 for dronabinol 2.5mg dispensed for 60 capsules with no printed dated from pharmacy revealed:
-There was an entry for dronabinol 2.5mg take 2 capsules twice daily at 8:00am and 8:00pm.
-There was documentation of administration for 18 doses (36 capsules) of dronabinol 2.5mg capsules administered from 05/01/22 at 8:00am to 05/10/22 at 8:00am.
-There was no documentation dronabinol 2.5mg was administered on the eMAR on 05/01/22 for 8:00pm.
-There was no documentation on the eMAR for dronabinol 2.5mg, but was signed out on the CSCS on 05/01/22 for 8:00pm.
-There were no eMAR exceptions documented or progress notes available for review for May 2022.

Review of Resident #3's CSCS revealed:
-There was documentation for receipt of 120 capsules of dronabinol 2.5mg on 04/20/22.
-There was a line through the print "120 cap" and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 214	D 392		

"60 written beside it.
-There was documentation 38 capsules of dronabinol 2.5mg were signed out from 05/01/22 to 05/10/22 at 8:00am.

Observation of Resident #3's medications on hand on 05/10/22 at 4:05pm revealed 42 of 60 tablets of dronabinol 2.5mg were dispensed on 04/20/22 with 42 tablets remaining and available to be administered in a blister pack card with 2 capsules in each blister.

Based on the CSCS compared with the eMAR it could not be determined the CSCS was an accurate accounting of the dronabinol 2.5mg signed out.

Interview with Resident #3 on 05/10/22 at 10:25am revealed:
-She took a medication for her appetite that she had taken since being admitted in March 2022, but she could not remember the name.
-She took the medication 3 times a day for 3 or 4 days in March and then it was changed to 2 times a day.
-She did not receive the medication for 3 or 4 days when she was admitted and one of the medication aides (MA) said the provider had to get the prescription to the pharmacy.
-She did receive 2 capsules of her appetite medication 2 times a day.
-She did not refuse her appetite medication at any time.
-She did not know how staff were documenting administration of the medication.

Telephone interview with a representative from the facility's previous contracted pharmacy on 05/12/22 at 5:00pm revealed:
-Resident #3 had an order for dronabinol 2.5mg 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 215	D 392		

capsules 2 times a day dated 03/10/22, but the provider had to send a controlled substance prescription to the pharmacy directly.
-Resident #3 had a written order for dronabinol 2.5mg take 2 capsules 2 times a day dated 03/15/22.
-The pharmacy dispensed 120 capsules of dronabinol 2.5mg to the facility on 03/15/22.

Telephone interview with a representative from the facility's contracted pharmacy on 05/12/22 at 5:06pm revealed:
-Resident #3 had a written order for dronabinol 2.5mg take 2 capsules 2 times a day dated 03/20/22.
-Resident #3's dronabinol order dated 03/20/22 was not dispensed at that time due to having stock from the facility's previous contracted pharmacy.
-The pharmacy dispensed 120 capsules of dronabinol 2.5mg to the facility on 04/20/22.

Interview with a MA on 05/16/22 at 4:45pm revealed:
-She was familiar with Resident #3's dronabinol 2.5mg order.
-When she was admitted to the facility in March 2022, the pharmacy had to wait for the provider to send them a written prescription because the medication was narcotic.
-She charted code "9 Progress Note" and noted that MAs were waiting for the medication.
-The missing documentation on the eMAR or on the downtime paper MAR meant the dronabinol was not administered or the MA had forgotten to document their initials to show they administered the medication.
-There was a CSCS during April 2022, but she did not know where it might have been filed.
-If the eMAR was initialed as administered, but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 216	D 392		

the medication was not signed out on the CSCS, the MA could have forgotten to sign out the medication on the CSCS.

Interview with a second MA on 05/16/22 at 5:30pm revealed:
-She was familiar with Resident #3's dronabinol 2.5mg order.
-The pharmacy did not send it as soon as she was admitted to the facility in March 2022, because they were waiting for a written prescription from the mental health provider (MHP).
-She and other MAs would have documented code "9 Progress Note" and noted that they did not have the medication to administer.
-The missing documentation on the eMAR or on the downtime paper MAR meant the dronabinol was not administered or the MA had forgotten to document their initials to show they administered the medication.
-She remembered signing out Resident #3's dronabinol on the CSCS during April 202,2 but the interim Resident Care Coordinator (RCC) would have filed it after it was filled out.
-If the eMAR was initialed as administered and the medication was not signed out on the CSCS, the MAs may have forgotten to sign out the medication on the CSCS.

Interview with the scheduler/MA on 05/13/22 at 12:10pm revealed:
-She conducted to job duties as interim RCC from the beginning of April 2022 until the beginning of May 2022.
-She also continued to fill in as MA on the floor administering medications.
-She was responsible to audit eMARs and CSCS for accuracy, but had not had time to audit every resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 217 -There was a CSCS for April 2022 for Resident #3's dronabinol, but it was not located. -Resident #3's dronabinol was not sent immediately from the pharmacy because the MHP had to send a written prescription to the pharmacy before it could be sent to the facility. -The MAs would document that the medication was not administered on the eMAR progress notes. -The missing documentation on the eMAR and on the paper MARs usually meant the MA did not administer the medication or forgot to document administration. -She did not notice any abnormalities on the CSCS, and no one reported any discrepancies. Interview with the RCC on 05/16/22 at 8:50am revealed: -She began as RCC at the beginning of May 2022. -She was responsible to audit eMARs and CSCS for accuracy but had not had time to audit every resident. -She was sure there was a CSCS for April 2022 for Resident #3's dronabinol was filed by the interim RCC or the Administrator but it was unable locate it. -The MAs documented "9" and typed a progress note on the eMAR to document that the medication was not administered. -The missing documentation on the eMAR and on the paper MARs usually meant the MA did not administer the medication or forgot to document administration. -She had not had time to audit all resident's CSCS and had not had any discrepancies reported to her. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 5:13pm.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 218 2. Review of Resident #7's current FL2 dated 04/07/22 revealed diagnoses of schizophrenia and insomnia. Review of Resident #7's physician's orders dated 03/28/22 revealed an order for zolpidem 10mg (a Scheduled IV controlled substance used to treat insomnia) take 1 tablet once daily at bedtime. Review of Resident #7's electronic medication administration record (eMAR) for March 2022 compared to the controlled substance count sheet (CSCS) for zolpidem tartrate 10mg dispensed for 30 tablets on 03/28/22 revealed: -There was an entry for zolpidem 10mg take 1 tablet once daily at bedtime beginning on 03/28/22. -There was a code "9" with a documented with initials on 03/28/22 with a progress note reading "New order". -There was documentation of administration for 2 doses of zolpidem 10mg administered on 03/29/22 and 03/30/22. -There was no documentation on the eMAR or progress note on 03/31/22 when zolpidem 10mg was signed out on the CSCS. Review of Resident #7's CSCS revealed: -There was documentation for receipt of 30 zolpidem tartrate 10mg tablets on 03/29/22. -There was documentation 3 zolpidem tartrate 10mg were signed out from 03/29/22 to 03/31/22. Review of Resident #7's eMAR for April 2022 compared to the CSCS for zolpidem tartrate 10mg dispensed for 30 tablets on 03/29/22 and 04/22/22 revealed: -There was an entry for zolpidem 10mg take 1 tablet once daily at bedtime.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 219 -There was documentation of administration for 27 doses of zolpidem 10mg administered from 04/01/22 to 04/30/22. -On 04/04/22, zolpidem 10mg was documented as administered on the eMAR, but was not signed out on the CSCS. -There was no documentation zolpidem was administered on the eMAR or progress note on 04/11/22 when zolpidem 10mg was signed out on the CSCS. -There was no documentation the zolpidem was administered on 04/13/22 and 04/14/22. -There was a progress note documented for 04/13/22 at 6:30am for medication that read "Held due to nothing by mouth ..." Review of Resident #7's CSCS revealed: -There was documentation for receipt of 30 zolpidem tartrate 10mg tablets on 03/29/22 and 04/22/22. -There was documentation 28 tablets of zolpidem tartrate 10mg were signed out from 04/01/22 to 04/30/22. Observation of Resident #7's medications on hand on 05/16/22 at 10:45am revealed there were 30 tablets of zolpidem 10mg dispensed on 04/22/22 with 17 tablets remaining and available to be administered in a blister pack card with 1 tablet in each blister. Based on the CSCS compared with the eMAR it could not be determined the CSCS was an accurate accounting of the zolpidem 10mg signed-out. Interview with Resident #7 on 05/16/21 at 11:20 am revealed: -He was not familiar with all the medications he took or what they looked like.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 220 -He just took what the medication aide (MA) gives him and what the doctor ordered. -He took all the medications he was supposed to take and did not refuse any medications. -He had just returned from the hospital last week because he was nervous and felt like people were following him. -He had not slept well for several weeks. Telephone interview with a representative from the facility's contracted pharmacy on 05/13/22 at 12:00pm revealed: -Resident #7 had a written order for zolpidem tartrate 10mg take 1 tablet once daily at bedtime dated 03/28/22. -The pharmacy dispensed 30 tablets zolpidem tartrate 10mg to the facility on 03/28/22 and 04/22/22. Interview with a MA on 05/16/22 at 4:45pm revealed: -She was familiar with Resident #7's zolpidem tartrate 10mg order. -She documented code "9 Progress Note" and noted that MAs were waiting for the medication. -The missing documentation on the eMAR meant zolpidem 10 mg was not administered or the MA had forgotten to document their initials to show they administered the medication. -If the eMAR was initialed, but the medication was not signed out on the CSCS, the MA could have forgotten to sign out the medication on the CSCS. Interview with a second MA on 05/16/22 at 5:30pm revealed: -She was familiar with Resident #7's zolpidem tartrate 10mg order. -She and other MAs would have documented code "9 Progress Note" and noted that they did	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 221	D 392		

not have the medication.
-The missing documentation on the eMAR meant the zolpidem was not administered or the MA had forgotten to document their initials to show they administered the medication.
-If the eMAR was initialed as administered and the medication was not signed out on the CSCS, the MAs may have forgotten to sign out the medication on the CSCS.

Interview with the Scheduler/MA on 05/13/22 at 12:10pm revealed:
-She conducted job duties as interim Resident Care Coordinator (RCC) from the beginning of April 2022 until the beginning of May 2022.
-She also continued to fill in as MA on the floor administering medications.
-She was responsible to audit eMARs and CSCS for accuracy, but had not had time to audit every resident.
-There was a CSCS for April 2022 for Resident #3's zolpidem, but it could not be not located.
-The MAs would documented that the medication was not administered and why it was not administered in the eMAR progress notes.
-The missing documentation on the eMAR usually meant the MA did not administer the medication or forgot to document administration.
-She did not notice any abnormalities on the CSCS, and no one reported any discrepancies.

Interview with the RCC on 05/16/22 at 8:50am revealed:
-She began as RCC at the beginning of May 2022.
-She was responsible to audit eMARs and CSCS for accuracy but had not had time to audit every resident.
-The MAs documented "9" and typed a progress note in the eMAR to document that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 222	D 392		

medication was not administered.
-The missing documentation on the eMAR usually meant the MA did not administer the medication or forgot to document administration.
-She had not had time to audit all resident's CSCS and had not had any discrepancies reported to her.

Refer to telephone interview with the Owner/Licensee on 05/17/22 at 5:13pm.

3. Review of Resident #1's current FL2 dated 04/07/22 revealed:
-Diagnoses included cerebral ischemia, vascular dementia, hypertension, chronic kidney disease stage 4, gastroesophageal reflux disease, hypothyroidism, abdominal aortic aneurysm, chronic obstructive pulmonary disease, coronary artery disease, dependency on oxygen and depression.
-There was a physician's order for tramadol 50mg 1 tablet every 8 hours as needed (prn) for pain.

Review of Resident #1's hospital discharge summary report dated 03/21/22 revealed an order for tramadol 50mg, 1 tablet every 8 hours as needed for pain.

Review of Resident #1's March 2022 eMAR revealed:
-There was an entry for tramadol 50mg every 8 hours as needed for pain.
-There was no documentation tramadol 50mg was administered from 03/15/22 through 03/31/22.

A request was made for the March 2022 CSCS for tramadol 50mg, but was not provided by exit dated on 05/17/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 223 Review of Resident #1's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for tramadol 50mg every 8 hours as needed for pain. -There was documentation tramadol 50mg was administered twice in April 2022. -There was documentation tramadol 50mg was administered on 04/08/22 at 8:04am, the result was effective. -There was documentation tramadol 50mg was administered on 04/13/22 at 8:13am, the result was unknown. Review of Resident #1's Controlled Substance Count Sheet (CSCS) for April 2022 revealed: -There was a beginning balance of 20 tramadol 50mg tablets. -There was 1 tablet of tramadol 50mg signed out on 03/31/22 at 2:00pm, 04/01/22 at 8:00am, 04/08/22 at 8:00am and there was documentation that 1 tablet of tramadol 50mg was signed out at 8:00am but there was no date documented when the tramadol was administered. Request for observation of Resident #1's medications on 05/13/22 at 11:10am revealed: -There were no medications in the facility. -The Resident Care Coordinator (RCC) stated Resident #1's medications had been returned to the pharmacy. Review of the medication disposition sheet revealed 16 tramadol tablets were returned to the pharmacy on 05/06/22. Telephone interview with a representative from the facility's the contracted pharmacy on 05/13/22 at 2:10pm revealed Resident #1's medications had not been returned to the pharmacy.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 224 Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/17/22 at 11:22am revealed: -Resident #1's tramadol was filled on 03/30/22 and 20 tablets were dispensed to the facility. -When the facility returned a CSCS, they were to document the CSCS on a separate disposition sheet with no other medications. -When the pharmacy driver picked up the CSCS he the counted the medication to validate the count listed by facility staff. -The pharmacy driver signed the form validating the count of the CSCS to ensure the count documented by facility staff on the form was accurate. -The driver also left a copy of the disposition with his signature validating the CSCS count was accurate with facility staff. -The driver left a copy of the form with the facility. -The same day or the next the pharmacy scanned a copy of the same document into their system to show the medication was returned. -As of today's date (05/17/22), none of Resident #1's medications, including tramadol had been returned to the pharmacy. Refer to telephone interview with the Owner/Licensee on 05/17/22 at 5:13pm. 4. Review of Resident #4's current FL2 dated 04/07/22 revealed: -Diagnoses included obesity, acute myocardial infarction, hyperlipidemia, hypertension, type 2 diabetes mellitus and chronic obstructive pulmonary disease. -There was no medications listed on the FL2 and there was no medication list attached to the FL2. Review of Resident #4's previous FL2 dated	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 225 01/05/22 revealed physician's orders included hydrocodone-acetaminophen 10mg-325mg 1 tablet every 6 hours as needed (PRN) for pain for seven days (used to treat pain). Review of Resident #4's physician's order dated 02/01/22 revealed an order for hydrocodone-acetaminophen 10mg-325mg one tablet every 12 hours as needed for pain. Review of Resident #4's physician's order dated 03/01/22 revealed an order for hydrocodone-acetaminophen 10mg-325mg one tablet every 12 hours as needed for pain. Review of Resident #4's physician's order dated 03/30/22 revealed an order for hydrocodone-acetaminophen 10-325mg 1 tablet two times daily. Review of Resident #4's physician's order dated 04/22/22 revealed an order for hydrocodone-acetaminophen 10mg-325mg twice daily. Review of Resident #4's February 2022 electronic medication administration record (eMAR) revealed: -There was an entry for hydrocodone-acetaminophen 10mg-325mg as needed. -There was documentation hydrocodone-acetaminophen 10mg-325mg was administered 20 times from 02/02/22 through 02/22/22. Review of Resident #4's controlled substance count sheet (CSCS) for February 2022 revealed: -There was a beginning balance of 30 hydrocodone-acetaminophen 10mg-325mg	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 226 tablets from the 56 tablets dispensed on 02/01/22. -From 02/02/22 through 02/22/22, there was documentation 30 hydrocodone-acetaminophen 10mg-325mg tablets were signed out on the CSCS which did not correspond with the 20 tablets documented for administration on the eMAR. -The hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS that was not documented on the eMAR examples as follows: -On 02/02/22 at 8:00pm, 1 hydrocodone-acetaminophen 10mg-325mg tablet was signed-out on the CSCS and nothing was documented on the eMAR for that date. -On 02/03/22 at 7:00am, 1 hydrocodone-acetaminophen 10mg-325mg tablet was signed-out on the CSCS and nothing was documented on the eMAR for that date. -On 02/05/22 at 9:00am and 4:00pm, both hydrocodone-acetaminophen 10mg-325mg tablets were signed both times on the CSCS. There was only one tablet documented on the eMAR on 02/05/22 at 8:41am. -On 02/13/22 at 9:00am and 9:03pm, hydrocodone-acetaminophen 10mg-325mg was signed-out both times on the CSCS and no documentation the medication was administered on the eMAR. -Based on the CSCS compared with the eMAR it could not be determined if the CSCS documented an accurate accounting of the hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS. Review of Resident #4's CSCS for February/March 2022 revealed: -There was a beginning balance of 26 hydrocodone-acetaminophen 10mg-325mg tablets from the 56 tablets dispensed on	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 227 02/01/22. -From 02/23/22 through 03/07/22, there was documentation 26 hydrocodone-acetaminophen 10mg-325mg tablets were signed out on the CSCS which did not correspond with the 23 tablets documented as administered on the eMAR from 02/23/22 through 03/07/22. -The hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS which was not documented on the eMAR included examples as follows: -On 02/24/22 at 11:00am and 8:00pm, both hydrocodone-acetaminophen 10mg-325mg tablets were signed out on the CSCS. There was one tablet documented as administered on the eMAR at 10:19am. -On 02/25/22 at 11:00am and 4:19pm, 2 hydrocodone-acetaminophen 10mg-325mg were signed out on the CSCS. There was one tablet documented as administered on the eMAR at 4:21pm. -On 02/27/22 at 8:00am and 8:20pm, hydrocodone-acetaminophen 10mg-325mg tablets were signed both times on the CSCS. There was only one tablet documented as administered on the eMAR at 8:20pm. Based on the CSCS compared with the eMAR it could not be determined if the CSCS documented an accurate accounting of hydrocodone-acetaminophen 10mg-325mg signed-out. Review of Resident #4's March 2022 eMAR revealed: -There was an entry for hydrocodone-acetaminophen 10mg-325mg as needed. -There was documentation hydrocodone-acetaminophen 10mg-325mg was	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 228 administered 22 times from 03/08/22 through 03/21/22. Review of Resident #4's CSCS for March 2022 revealed: -There was a beginning balance of 26 hydrocodone-acetaminophen 10mg-325mg tablets from the 56 tablets dispensed on 03/01/22. -From 03/08/22 through 03/21/22 there was documentation 26 hydrocodone-acetaminophen 10mg-325mg tablets were signed out on the CSCS which did not correspond with the 22 tablets documented as administered on the eMAR. -The hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS that was not documented on the eMAR included examples as follows: -On 03/10/22 at 11:29am, 8:00pm and 10:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS. There was one entry on the eMAR at 11:29am. -On 03/11/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS. There was one entry documented on the eMAR at 9:26am. -On 03/17/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed both times on the CSCS. There was only one entry documented on the eMAR at 9:38pm. Based on the CSCS compared with the eMAR it could not be determined if the CSCS documented an accurate accounting of hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS. Review of Resident #4's CSCS for March/April 2022 revealed:	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 229 -There was a beginning balance of 30 hydrocodone-acetaminophen 10mg-325mg tablets from the 56 tablets dispensed on 03/01/22. -From 03/22/22 through 04/06/22, there was documentation 30 hydrocodone-acetaminophen 10mg-325mg tablets were signed out on the CSCS which did not correspond with the 21 documented as administered on the eMAR. -The hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS that was not documented on the eMAR included examples as follows: -On 03/22/22 at 9:12am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS. There was one entry on the eMAR at 9:09am. -On 03/23/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed-out on the CSCS. There was one entry documented on the eMAR at 9:13am. -On 03/24/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed both times on the CSCS. There was only one entry documented on the eMAR at 8:25pm. -On 03/25/8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS. There was one entry on the eMAR at 8:46am. -On 03/29/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed-out on the CSCS. There was one entry documented on the eMAR at 7:12pm. -On 03/30/22 at 9:38am and 9:40pm, hydrocodone-acetaminophen 10mg-325mg was signed both times on the CSCS. There was only one entry documented on the eMAR at 9:37am. On 04/02/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed both times on the CSCS. There was only	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 230 one entry documented on the eMAR at 8:03pm. Based on the CSCS compared with the eMAR it could not be determined if the CSCS documented an accurate accounting of hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS. Review of Resident #4's April 2022 eMAR revealed: -There was an entry for hydrocodone-acetaminophen 10mg-325mg as needed. -There was documentation hydrocodone-acetaminophen 10mg-325mg was administered times from 04/06/22 through 04/21/22. Review of Resident #4's CSCS for April 2022 revealed: -There was a beginning balance of 30 hydrocodone-acetaminophen 10mg-325mg tablets from the 30 tablets dispensed on 04/01/22. -From 04/06/22 through 04/21/22, there was documentation 30 hydrocodone-acetaminophen 10mg-325mg tablets were signed out on the CSCS which did not correspond with the 20 tablets documented as administered on the eMAR. -The hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS that was not documented on the eMAR included examples as follows: -On 04/10/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS. There was one entry on the eMAR at 8:00pm. -On 04/11/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 231	D 392		

signed out on the CSCS.
-On 04/12/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out both times on the CSCS. There was only one entry documented on the eMAR at 8:00pm.
-On 04/13/8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS.
-On 04/14/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS.
-On 04/15/22 at 8:00am and 9:00pm, hydrocodone-acetaminophen 10mg-325mg was signed both times on the CSCS. There was only one entry documented on the eMAR at 8:00pm.
On 04/19/22 at 8:00am and 8:00pm, hydrocodone-acetaminophen 10mg-325mg was signed both times on the CSCS. There was only one entry documented on the eMAR at 8:00pm.

Based on the CSCS compared with the eMAR it could not be determined if the CSCS documented an accurate accounting of hydrocodone-acetaminophen 10mg-325mg signed out on the CSCS.

Review of Resident #4's May 2022 eMAR revealed:
-There was an entry for hydrocodone-acetaminophen 10mg-325mg as needed.
-There was documentation hydrocodone-acetaminophen 10mg-325mg was administered 6 times from 05/07/22 through 05/11/22.

A request was made for Resident #4's CSCS for April/May 2022 for hydrocodone-acetaminophen 10mg-325mg signed out from 04/21/22 through

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 232 05/07/22, but could not be located and was not provided by the end of the survey on 05/17/22. Interview with Resident #4 on 05/17/22 at 2:53pm revealed: -A lot of days she did not receive the hydrocodone because she did not ask for the medication. -She was supposed to get the medication but some days it felt as if she did not get the medication because the pain continued. -She was concerned staff were giving her regular tylenol and not hydrocodone. -Twice she noticed a certain medication aide (MA) did not put the hydrocodone in the cup with the rest of her medications. Telephone interview with a pharmacist at the facility's contract pharmacy on 05/17/22 at 11:31am revealed: -The pharmacy became the primary pharmacy for the facility mid-way in March 2022. -The pharmacy received an order for hydrocodone-acetaminophen twice daily on 04/22/22. -The pharmacy dispensed 60 hydrocodone-acetaminophen tablets to the facility on 04/22/22. -On 04/01/22 the pharmacy dispensed a 15 day supply of hydrocodone-acetaminophen which was 30 tablets. -When the hydrocodone-acetaminophen was switched from as needed to twice daily, the facility elected to use up the PRN medication and not send it back to the pharmacy. -When the pharmacy dispensed a controlled medication they provided the facility with CSCS. -The CSCS listed the resident's name, the name of the medication, how many tablets were dispensed, the dispensing date and approximate	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 233 date to refill. Telephone interview with a pharmacist at the facility's previous contracted pharmacy on 05/17/22 at 11:38am revealed: -Hydrocodone-acetaminophen 10mg-325mg were filled and dispensed on 02/01/22 for a quantity of 56 tablets. -Hydrocodone-acetaminophen was dispensed again on 03/01/22 for a quantity of 56 tablets. -The pharmacy provided CSCS with each controlled drug dispensed. -The facility staff were to use the CSCS to maintain a decreasing inventory tracking as the medication was signed out and along with the facility's eMAR was used as a readily retrievable record of receipt, administration, and disposition of the controlled substance. -The CSCS were basically to ensure an accurate account of the medication was kept. Telephone interview with a MA on 05/17/22 at 11:02am revealed: -She was unable to explain why Resident #4's CSCS did not match entries on the eMAR. -Each time she gave the resident a CSCS she documented on the eMAR and on the CSCS. -There was a time when the internet was down and that may account for the lack of eMAR documentation. -If the internet was down, there should be paper eMARs to show Resident #4's medication was administered. -If there were no eMARs, she did not want to say the medication was not administered but she did not know for sure. Telephone interview with another MA on 05/17/22 at 10:35am revealed: -She had no explanation why Resident #4's	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 234 CSCS documentation of controlled substances signed out did not match the eMAR documentation of administration. -Each time she administered a controlled substance, she documented as administered on the eMAR and documented as signed out on the CSCS. Interview with the scheduler/MA on 05/16/22 at 11:41am revealed: -She conducted the job duties as interim Resident Care Coordinator (RCC) from the beginning of April 2022 until the beginning of May 2022. -She also continued to fill in as MA on the floor administering medications. -It was her responsibility to audit the eMARs and CSCS for accuracy but she had not had the time to audit every resident because she was filling in as the RCC. -She did not know what happened to Resident #4's CSCS for April/May 2022. -The MAs should sign-out each time they administer a controlled substance. -When there was missing documentation on the eMAR and paper MARs that usually meant the MA did not give the medication or forgot to document. -The MAs were aware not to change the count on the CSCS. -They should let her know and she would find out what happened to the documentation and/or the medication. -As of today's date (05/16/22) no staff told her the CSCS count was incorrect. Interview with the RCC on 05/16/22 at 12:15pm revealed: -She did not know Resident #4's CSCS for April/May 2022 was missing. -She did not know there were discrepancies with	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 235 Resident #4's CSCS matching medications administered on the eMAR. -She had worked at the facility for almost two weeks. -Right now the residents' paperwork was scattered all over the Administrator's office and she was helping to organize the paperwork. Refer to telephone interview on 05/17/22 at 5:13pm with the Owner/Licensee. _____ Telephone interview with the Owner/Licensee on 05/17/22 at 5:13pm revealed: -The controlled substance count should be done each shift with the medication aides. -If the count was not accurate the MA should find out why and let the RCC and the Administrator know.	D 392		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations as related to medication administration and Licensed Health Professional Support. The findings are:	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 236 1. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 7 of 7 residents (Resident #1, #2, #3, #4, #5, #7 and #8) related to an anti-depressant medication and an anti-psychotic medication (#5), an anti-anxiety medication (#2), a medication to prevent osteoporosis (#3), a medication to treat elevated cholesterol levels (#4), a medication to treat insomnia, a medication to treat elevated blood sugar levels, medications to treat schizophrenia, a medication to treat involuntary muscle movements, an anti-psychotic medication, an antihistamine medication, and an anti-anxiety medication (#7), a resident who was complaining of pain was not administered pain medication, an iron supplement, and a medication to treat vascular dementia (#1), and a resident not administered an anti-psychotic and anti-anxiety medication (#8). [Refer to Tag 358, 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation)]. 2. Based on observations, interviews and record reviews, the facility failed to ensure a resident assessment was completed within 30 days of identifying a licensed health professional support (LHPS) task for 2 of 6 sampled residents (Residents #1 and #2) who had continuous oxygen, treatment for stage 2 ulcers and required assistance with ambulation and transferring (#1), and a resident who required assistance with transfers and ambulation (#2). [Refer to Tag 280 10A NCAC 13F .0903(c) Licensed Health Professional Support (Type B Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D914	Continued From page 237 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on interviews, observations and record reviews, the facility failed to ensure all residents were free from neglect related to personal care and supervision, and health care. The findings are: 1. Based on observations, record reviews and interviews, the facility failed to provide personal care assistance for 1 of 6 sampled residents (#1) related to incontinence care. [Refer to Tag 269, 10A NCAC 13F .0901(a) Personal Care and Supervision (Type A2 Violation)]. 2. Based on interviews and record reviews, the facility failed to provide supervision according to the resident's assessed needs for 1 of 6 sampled residents (#8) who was constantly disoriented and had a history of 19 falls in 6 months resulting in injuries including abrasions, closed head injuries, and lacerations. [Refer to Tag 270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A1 Violation)]. 3. Based on observations, interviews and record reviews, the facility failed to ensure referral and follow-up to meet the healthcare needs for 5 of 6 sampled residents (#1, #4, #5, #6 and #8) related to failure to notify with the Primary Care Provider (PCP) when a resident had continual complaints of pain and injuries of unknown origin (#1); for a	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R 05/17/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D914	Continued From page 238 resident coughing and gagging when consuming meals (#6); for a resident with changes in behavior and medication refusals (#8); and related to referrals for physical therapy and infusions for a weakened immune system (#4); and an endocrinologist referral for diabetic management and follow-up with the PCP for elevated blood sugars (#5). [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Type A1 Violation)]. 4. Based on interviews and record reviews, the facility failed to ensure orders for 1 of 6 sampled residents (#8) were implemented related to orders for a urinalysis. [Refer to Tag 276 10A NCAC 13F .0902(c)(3-4) Health Care (Type A2 Violation)].	D914		