| | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | CONSTRUCTION | | | |
|--------------------------|--|---|---------------------|--|-----------------------------------|-------------------------|--|
| and plan | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | K MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 000 | Initial Comments | | D 000 | | | | |
| | annual and follow-u investigation from (| ensure Section conducted an up survey and complaint 05/10/22 through 05/13/22 and h 05/17/22 with an exit on one. | | | | | |
| D 137 | 10A NCAC 13F .04 Qualifications | 07(a)(5) Other Staff | D 137 | | | | |
| | (a) Each staff persshall:(5) have no substa | 07 Other Staff Qualifications on at an adult care home intiated findings listed on the lth Care Personnel Registry 31E-256; | | | | | |
| | facility failed to ens substantiated findin | s and record reviews, the ure there were no igs listed on the North Carolina nnel Registry (HCPR) for 1 of 3 | | | | | |
| | The findings are: | | | | | | |
| | Personnel record re -Staff B was hired of -There was no HCF available for review -There was a HCPF | | | | | | |
| | 9:55am revealed: -She was hired in C | v with Staff B on 05/13/22 at October 2021 as a PCA and the housekeeping department | | | | | |

| Division | of Health Service Re | egulation | • | | | APPROVED |
|--------------------------|--|---|---------------------|--|----------------|--------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | | CLEMMO | DNS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLETE DATE |
| D 137 | Continued From pa | ige 1 | D 137 | | | |
| | Coordinator (RCC) HCPR check on he October 2021. -She did not know v | at the time or Resident Care told her they completed a r when she was hired in where it was filed and who esponsible to keep personnel | | | | |
| | 1:50pm revealed: -The Business Offic responsible for ens completed on staff -The facility did not had just hired an Re completed all required employees. -She assumed all se completed at the tire BOM or Administration -She became the A April 2022 and had personnel records for -The facility had hire 05/17/22 who would | currently have a BOM and CC two weeks ago so she had red HCPR checks on new taff had the HCPR check ne of hire by the previous tor. dministrator at the facility in not had time to audit for required HCPR checks. ed a new BOM to begin d be responsible to complete audit personnel records for | | | | |
| D 168 | | 08 Assessment Training 08 Assessment Training | D 168 | | | |
| | administrator to per required by Rule .0 successfully comple assessment establi before performing t | ons designated by the form resident assessments as 801 of this Subchapter shall ete training on resident shed by the Department he required assessments. are exempt from the | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | COM | E SURVEY PLETED | |
|--------------------------|---|--|---------------------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 168 | Continued From pa | ige 2 | D 168 | | | | |
| | resident assessme website, http://facility-service it is available at the from the Division of | g. The instruction manual on nt is available on the internet es.state.nc.us/gcpage.htm, or cost of printing and mailing f Facility Services, Adult Care 2708 Mail Service Center, -2708. | | | | | |
| | by: Based on observation interviews, the facilindividual preparing had obtained training 4 of 6 sampled residuation | NT is not met as evidenced ions, record reviews and ity failed to ensure the g the care plan assessment ng to identify the care needs of dents (Residents #1, #2, #4 ed assistance with Activities of | | | | | |
| | The findings are: | | | | | | |
| | 04/07/22 revealed: -Diagnoses include dementia, hyperten stage 4, gastroesop hypothyroidism, ab- chronic obstructive artery disease, dep depression. -The resident was a incontinent of blado -The resident requi with bathing, feedin | d cerebral ischemia, vascular ision, chronic kidney disease ohageal reflux disease, dominal aortic aneurysm, pulmonary disease, coronary endency on oxygen and constantly disoriented. semi-ambulatory and der and bowel. red personal care assistance og and dressing. d level of care was skilled | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------|---|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 168 | Continued From pa | age 3 | D 168 | | | | |
| | revealed the resident was admitted to the facility on 03/07/22. | | | | | | |
| | 04/14/22 revealed: -Section #1 of the a was not completed -There was a hand meds" with nothing -There was docume supervision with ea bathing, dressing, g transferring. -The section that in Professional Suppo -The assessor cert assessor was left b | written note "see attached attached to the care plan. entation the resident required ting, toileting, ambulation, groom/personal hygiene and acluded Licensed Health ort (LHPS) was left blank ification and signature of the blank. s signed by the Primary Care | | | | | |
| | log for March 2022 -The resident requi meals, bathing oral dressing, and ambe -There was documer resident as required 03/31/22. -Staff documented | red staff assistance with care, grooming, toileting, ulation/mobility. entation staff aided the d from 03/22/22 through they provided personal needs, lan documented the resident | | | | | |
| | log for April 2022 re -The resident requi meals, bathing oral dressing, and amb -There was docum | red staff assistance with care, grooming, toileting, | • | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|---------------|---|---|-----------------|---|-----------------|--------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | |
| THE IVY | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLETE DATE |
| D 168 | Continued From pa | ige 4 | D 168 | | | |
| | | they provided personal needs, lan documented the resident sion. | | | | |
| | 03/08/22 revealed: -Someone must as and eating. -The resident was e | health agency note dated sist the resident with grooming entirely dependent on facility pathing, toileting, ambulation | | | | |
| | | health note dated 03/28/22 #1 was unable to sit on the eed herself. | | | | |
| | on 05/16/22 at 12:0 -She prepared the o -She had not receiv complete the care p -She did not know h they represented. -She thought that a | care plan for Resident #1. /ed training on how to | | | | |
| | -She did not know h how to use the care -She realized the far residents' care plan -Resident #1 was to ADL needs with the -The resident was a help and assistance cutting up food, ope utensils on the tray in front of the reside -Resident #1 wore | acility was behind doing some is and she wanted to help out. otally dependent on staff for all e exception of eating. able to feed herself but needed e with setting up the tray, ening containers, placing and putting the tray directing ent. an incontinent brief and never | | | | |
| | used the call bell to toileting. ealth Service Regulation | ask for staff assistance with | | | | |

| Division | of Health Service Re | aulation | | | FORM | APPROVED |
|---------------|--|---|----------------|--|-----------------|--------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| | | 6010 MEA | ADOWBROO | K MALL COURT | | |
| THEIVY | AT CLEMMONS | CLEMMO | NS, NC 270 | 12 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRI | | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP | | COMPLETE DATE |
| IAO | | , | IAO | DEFICIENCY) | | |
| D 168 | Continued From pa | ge 5 | D 168 | | | |
| | - | - | | | | |
| | | unable to roll from side to side | | | | |
| | | r when providing incontinent staff she was weak and could | | | | |
| | not roll her body fro | | | | | |
| | | supposed to be checked at | | | | |
| | | rs for incontinent care. | | | | |
| | | nable to sit or stand and was | | | | |
| | totally dependent up | pon staff for ambulation and | | | | |
| | transferring. | | | | | |
| | | ved bed baths and was totally | | | | |
| | dependent on staff | | | | | |
| | | otally dependent on staff for | | | | |
| | dressing because she was unable to move her body and would often say she was in pain when | | | | | |
| | moved. | en say she was in pain when | | | | |
| | | red oxygen continuously. | | | | |
| | | was in the facility for one to | | | | |
| | | ced the resident was anxious | | | | |
| | and had a fear of fa | alling. | | | | |
| | -She also noticed the | ne resident care needs were | | | | |
| | too heavy for the fa | | | | | |
| | | utive Director/Administrator | | | | |
| | | ent prior to admission and was | | | | |
| | aware of the heavy | e Coordinator (RCC) was | | | | |
| | responsible for com | (<i>)</i> | | | | |
| | | Fleft the end of March 2022 | | | | |
| | | e on the responsibilities as | | | | |
| | much as she was c | | | | | |
| | | | | | | |
| | | sonal care aide (PCA) on | | | | |
| | 05/16/22 at 1:26pm | | | | | |
| | staff for care needs | otally dependent on facility | | | | |
| | | Inable to ambulate and | | | | |
| | transfer herself. | | | | | |
| | | nded on staff for incontinent | | | | |
| | | g, dressing and grooming. | | | | |
| | | sometimes feed herself, but | | | | |
| | staff had to cut up f | ood, set-up utensils and place | | | | |
| Division of H | ealth Service Regulation | - | P. | | | _,, |

Division of Health Service Regulation STATE FORM

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|-----------------|--|------------------------|--------------------|
| | | | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | DOWBROOK | MALL COURT | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 168 | Continued From pa | ige 6 | D 168 | | | |
| | -The PCAs did not -When a new reside | front of the resident. have access to care plans. ent came to the facility, the MA d her what to do for the | | | | |
| | Provider (PCP) on -She was unaware admitted to the faci -She was made aw in the facility on 04/ nurse asked her to -When she assessed the resident's ADL r assisted living and dependent upon sta -Resident #1's care on staff for all ADLs -The resident also r buttock that were n -She told the Admir upgrade the resider -When she signed realize nor was she | are of the resident's presence 07/22, when a home health assess the resident. ed the resident, she identified needs were greater than the resident was totally aff for the majority of her ADLs. e needs were totally dependent s including eating. had two stage 2 ulcers on her ot being treated. histrator that she was going to nt to skilled nursing. the care plan she did not e made aware that the care resident as only needing | | | | |
| | 05/16/22 at 5:10pm -She was a register facility to help until -She was not aware completed. | red nurse (RN) and was in the an RCC was hired. e that care plans needed to be ete care plans for any | | | | |
| | 05/17/22 at 7:30pm | Occupational Therapist (OT) on revealed: nable to get out of bed without | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|--|---------------------|--|-----------------------------------|-------------------------|
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| | | | | | 05/ | 1772022 |
| NAME OF I | PROVIDER OR SUPPLIER | | | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ONS, NC 27012 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 168 | Continued From pa | ge 7 | D 168 | | | |
| | -The resident was a ambulation, transfer Telephone interview 05/17/22 at 4:20pm -The facility had a t -The current RCC h week. -The care plan show | urnover in management staff. nad been in the facility for one uld be completed as required | | | | |
| | -The CN was in the facility did not have -He did not know w completed. -Prior to admitting a assessment should facility could meet t | hy the care plans were not a resident to the facility, an I be done to determine if the he needs of the resident. | | | | |
| | Refer to interview v 05/13/22 at 11:40ar | vith the Scheduler/MA on n. | | | | |
| | Refer to interview v 05/16/22 at 1:05pm | vith the Administrator on I. | | | | |
| | | interview with the facility 05/17/22 at 4:20pm. | | | | |
| | 04/07/22 revealed: -Diagnoses include infarction, hyperlipid diabetes mellitus an pulmonary disease -The resident was i -The resident was s wheelchair. | ent #4's current FL2 dated d obesity, acute myocardial demia, hypertension, type 2 nd chronic obstructive ntermittently disoriented, semi-ambulatory using a ncontinent of bladder and | | | | |

| TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|-----------------------|-------------------------------|--|
| OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COM | FLETED |
| | HAL034150 | B. WING | | R 05/17/2022 | |
| ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | 6010 ME | ADOWBROOK | MALL COURT | | |
| | CLEMM | ONS, NC 2701 | 2 | | |
| | | ID | | | (X5) COMPLET |
| | | TAG | CROSS-REFERENCED TO T | HE APPROPRIATE | DATE |
| Continued From pa | ge 8 | D 168 | | | |
| Review of Resident | #//s previous El 2 dated | | | | |
| | #4 S previous I L2 dated | | | | |
| | d renal insufficiency, | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| dressing. | | | | | |
| | | | | | |
| | | | | | |
| 04/14/22 revealed: | | | | | |
| was not completed. | | | | | |
| meds" but there wa | | | | | |
| -There was docume limited assistance v | vith eating, toileting, | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | signed by the PCP on | | | | |
| | 10/22 at 9:55am of Resident | | | | |
| | on ambulatory | | | | |
| | on-ambulatory. | | | | |
| | ROVIDER OR SUPPLIER AT CLEMMONS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From pa Review of Resident 01/05/22 revealed: -Diagnoses include hyponatremia, hypo chronic obstructive type 2, hypertension illness and obesity. -The resident required ambulation, transfe -The resident required dressing. -The resident was i continent with bladd Review of the Resident 04/14/22 revealed: -Section one of the was not completed. -There was a handwo meds" but there was plan. -There was docume limited assistance was ambulation, bathing hygiene and transfe -The section that in Professional Suppo -The care plan was 04/14/22. Observation on 05/ #4 revealed: -The resident was r | HAL034150 STREET AL 6010 ME CLEMMONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 Register revealed the resident was independent with eating and continent with bladder and bowel. 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 section on 05/10/22 at 9:55am of Resident #4 revealed: -The resident was non-ambulatory. | AL BUILDING: | NULLING: | HAL034150 B. WING Op/Op/Op/Op/Op/Op/Op/Op/Op/Op/Op/Op/Op/O |

| Division | of Health Service Re | aulation | | | FORM APPROVED |
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| STATEMEN | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY |
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | |
| | | 6010 MEA | DOWBROOK | (MALL COURT | |
| THE IVY | AT CLEMMONS | | NS, NC 2701 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC | HE APPROPRIATE DATE |
| D 168 | Continued From pa | ge 9 | D 168 | | |
| | to move around three | oughout the facility. | | | |
| | Interview with Resid | dent #4 on 05/10/22 at 9:58am | | | |
| | revealed: | | | | |
| | . , | d a stroke and had weakness | | | |
| | in her legs. | | | | |
| | -She needed staff assistance with showering only and that was to wash her back. | | | | |
| | | et 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. | t without staff assistance. | | | |
| | -She was independ | | | | |
| | | ownstairs to the dining room | | | |
| | for meals. | g | | | |
| | | ut-up her food and consumed | | | |
| | meals without staff | | | | |
| | | her with showering other than | | | |
| | washing her back. | ent with grooming and | | | |
| | dressing. | one with groothing and | | | |
| | Interview with the s | cheduler/medication aide (MA) | | | |
| | on 05/16/22 at 12:2 | 3pm revealed: | | | |
| | | ident #4's care plan. | | | |
| | | ved training on how to | | | |
| | complete the care p | | | | |
| | | now to code residents using on the care plan form. | | | |
| | | number 2 meant the resident | | | |
| | | assistance with ADLs. | | | |
| | | now to assess the resident or | | | |
| | how to use the care | | | | |
| | | cility was behind completing | | | |
| | | nts' care plans and she wanted | | | |
| | to help by completin | | | | |
| | | ent #4 required extensive e she was in a wheelchair. | | | |
| Division of H | ealth Service Regulation | | JI | | |

Division of Health Service Regulation STATE FORM

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | | 3) DATE SURVEY COMPLETED | |
|--|--|---|-----------------|--|-----------------------------------|-----------------------------|--|
| | OF CONNECTION | IDENTIFICATION NOWBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | | |
| IAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | | | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | COMPLET DATE | |
| D 168 | Continued From pa | ge 10 | D 168 | | | | |
| | | cally assessed the resident or ent performing ADLs listed on | | | | | |
| 0 | 05/16/22 at 1:32pm -Resident #4 was ir do a lot for herself. -The resident was i | sonal care aide (PCA) on revealed: a wheelchair and was able to ndependent in all ADLs and vision with showers. | | | | | |
| | 9:48am revealed: -When she signed I did not realize nor v care plan assessed -Resident #4 was v although the reside was capable of doir -The resident was a herself without staff -She was sure Res | ery knowledgeable and nt was in a wheelchair she ng things independently. able to transfer and toilet | | | | | |
| | Refer to interview w 05/13/22 at 11:40ar | vith the Scheduler/MA on n. | | | | | |
| | Refer to interview w 05/16/22 at 1:05pm | vith the Administrator on | | | | | |
| | | interview with the facility 05/17/22 at 4:20pm. | | | | | |
| | 04/07/22 revealed: -Diagnoses include disorder, and anxie -She was intermitte | | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED |
|--------------------------|---|---|---------------------------|--|---------------------------------|-------------------------|
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | ATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK NS, NC 27012 | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 168 | Continued From pa | age 11 | D 168 | | | |
| | bladder and bowel. | ng and was incontinent of bulatory with the use of a | | | | |
| | 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. | | | | | |
| | 11:40am revealed: -She was sitting in | sident #2 on 05/11/22 at a wheelchair in her bedroom. er arms and was able to ng. | | | | |
| | 11:42am revealed s complete grooming staff (did not specif bathing, toileting, tr | dent #2 on 05/11/22 at she was able to eat and g independently but needed y how many) to help her with ansfers and sometimes or wheelchair if she was going | | | | |
| | attorney (POA) on -Resident #2 was n most of the time; sl with transfers, or or to hold on to. | w with Resident #2's power of 05/11/22 at 2:25pm revealed: not able to stand up by herself he required two staff to help ne staff if she had a grab bar per body strength and was able | | | | |
| vision of H | | nd teeth or wash her face | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------|--|----------------|-------------------------|--|
| | OF CONNECTION | IDENTIFICATION NOMBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | | |
| | | CLEMMC | ONS, NC 27012 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE | |
| D 168 | Continued From pa | ge 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 w aide (MA) on 05/13 | vith the Scheduler/medication /22 at 11:40am. | | | | | |
| | Refer to interview w 05/16/22 at 1:05pm | vith the Administrator on | | | | | |
| | Refer to telephone Owner on 05/17/22 | interview with the facility at 4:20pm. | | | | | |
| | 04/07/22 revealed: -Diagnoses include depressive disorder disorder. -She was intermitter -She needed persor | nal care assistance with ng and was incontinent of | | | | | |
| | | oulatory with the use of a | | | | | |
| | revealed: -She required limite | #5's care plan dated 04/14/22 ed assistance with bathing, ming/personal hygiene. | | | | | |

Division of Health Servic STATE FORM

| | of Health Service Re | | | | | | |
|--------------------------|---|---|---------------------------|--|---------------|-------------------------|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | X MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE | (X5) COMPLET DATE | |
| D 168 | Continued From pa | ige 13 | D 168 | | | | |
| | toileting, ambulation -The primary care p | pendent on staff for eating, n/locomotion and transferring. provider (PCP) signed and n but there was no date or ssessor. | | | | | |
| | 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. | | | | | | |
| | at 11:15am reveale -Resident #5 was ir propelling herself in eating. -Resident #5 some incontinence care a staff assistance. | ndependent with transfers, n her wheelchair, toileting, and times needed help with and bathing but with limited who was responsible for | | | | | |
| | 3:00pm revealed: -Resident #5 requir showers and toiletir -She was independ herself in her whee | lent with eating and propelling | | | | | |
| | 05/13/22 at 9:25am -Resident #5 neede -She was independ | rsonal care aide (PCA) on a revealed: ed supervision with dressing. lent with eating, transfers, a her wheelchair, and toileting. | | | | | |

| AND PLAN OF CORRECTION III NAME OF PROVIDER OR SUPPLIER THE IVY AT CLEMMONS (X4) ID PREFIX TAG SUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDER) D 168 Continued From page 14 Interview with the Schedu 11:40am revealed: -She did not think that sh who completed the care p -Resident #2 did not have her condition. -Resident #2 needed stat transfers, toileting and an wheelchair. Attempted interview with at 1:20pm was unsucces Refer to interview with the 05/13/22 at 11:40am. Refer to interview with the 05/16/22 at 1:05pm. Refer to telephone intervion Owner/Licensee on 05/17 Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She and the previous Act together to update care p facility. -She had not been traine complete care plans. | tion | - T | | | |
|---|---|---------------------|---|-----------------|--------------------------|
| NAME OF PROVIDER OR SUPPLIER THE IVY AT CLEMMONS SUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN (EACH DEFICIENCY MUST RESIDENT OR LSC IDEN (EACH DEFICIENCY MUST RESIDENT THE SCHEDU (Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She and the previous Act together to update care p facility. -She had not been traine complete care plans. | PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| NAME OF PROVIDER OR SUPPLIER THE IVY AT CLEMMONS (X4) ID PREFIX TAG SUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDER D 168 Continued From page 14 Interview with the Schedu 11:40am revealed: -She did not think that sh who completed the care p -Resident #2 did not have her condition. -Resident #2 needed stat transfers, toileting and an wheelchair. Attempted interview with at 1:20pm was unsucces Refer to interview with the 05/13/22 at 11:40am. Refer to interview with the 05/16/22 at 1:05pm. Refer to telephone intervio Owner/Licensee on 05/17 Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She and the previous Act together to update care p facility. -She had not been traine complete care plans. | | A. BUILDING: | | | |
| THE IVY AT CLEMMONS (X4) ID PREFIX TAG SUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDER) D 168 Continued From page 14 Interview with the Schedu 11:40am revealed: -She did not think that sh who completed the care p -Resident #2 did not have her condition. -Resident #2 needed staft transfers, toileting and an wheelchair. Attempted interview with at 1:20pm was unsucces Refer to interview with the 05/13/22 at 11:40am. Refer to interview with the 05/16/22 at 1:05pm. Refer to telephone intervi Owner/Licensee on 05/12 Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She and the previous Ac together to update care p facility. -She had not been traine complete care plans. | HAL034150 | B. WING | | R 05/17/2022 | |
| (X4) ID PREFIX TAGSUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEND 168Continued From page 14Interview with the Schedu 11:40am revealed: -She did not think that sh who completed the care p -Resident #2 did not have her condition. -Resident #2 needed stat transfers, toileting and an wheelchair.Attempted interview with at 1:20pm was unsuccesRefer to interview with the 05/13/22 at 11:40am.Refer to interview with the 05/16/22 at 1:05pm.Refer to telephone intervio Owner/Licensee on 05/17Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She had not been traine complete care plans. | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| (X4) ID PREFIX TAGSUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEND 168Continued From page 14Interview with the Schedu 11:40am revealed: -She did not think that sh who completed the care p -Resident #2 did not have her condition. -Resident #2 needed stat transfers, toileting and an wheelchair.Attempted interview with at 1:20pm was unsuccesRefer to interview with the 05/13/22 at 11:40am.Refer to interview with the 05/16/22 at 1:05pm.Refer to telephone intervio Owner/Licensee on 05/17Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She had not been traine complete care plans. | 6010 ME | ADOWBROOK | MALL COURT | | |
| PREFIX TAG(EACH DEFICIENCY MUST REGULATORY OR LSC IDEND 168Continued From page 14Interview with the Schedu 11:40am revealed: -She did not think that sh who completed the care p -Resident #2 did not have her condition. -Resident #2 needed stat transfers, toileting and an wheelchair.Attempted interview with at 1:20pm was unsuccesRefer to interview with the 05/13/22 at 11:40am.Refer to interview with the 05/16/22 at 1:05pm.Refer to telephone intervion Owner/Licensee on 05/17Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She had not been traine complete care plans. | CLEMMO | ONS, NC 2701 | 2 | | |
| Interview with the Schedu 11:40am revealed: -She did not think that sh who completed the care p -Resident #2 did not have her condition. -Resident #2 needed stat transfers, toileting and an wheelchair. Attempted interview with at 1:20pm was unsucces Refer to interview with the 05/13/22 at 11:40am. Refer to interview with the 05/16/22 at 1:05pm. Refer to telephone intervion Owner/Licensee on 05/12 Interview with the Schedu 11:40am revealed: -She had been responsib Resident Care Coordinat prior when they hired the -Part of the RCC respons complete care plans. -She and the previous Act together to update care p facility. -She had not been traine complete care plans. | T BE PRECEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| 11:40am revealed: She did not think that sh who completed the care p Resident #2 did not have her condition. Resident #2 needed stat transfers, toileting and an wheelchair. Attempted interview with at 1:20pm was unsucces Refer to interview with the 05/13/22 at 11:40am. Refer to interview with the 05/16/22 at 1:05pm. Refer to telephone intervio Owner/Licensee on 05/12 Interview with the Schedu 11:40am revealed: She had been responsib Resident Care Coordinat prior when they hired the Part of the RCC respons complete care plans. She had not been traine complete care plans. | 4 | D 168 | | | |
| complete care plans. | Auler/MA on 05/13/22 at he had been the person plan for Resident #2. /e any recent changes to aff assistance with mbulation/use of her a Resident #5 on 05/13/22 ssful. he Scheduler/MA on he Administrator on view with the facility 17/22 at 4:20pm. Auler/MA on 05/13/22 at ble for the duties of the tor (RCC) up until a week e new RCC. isibilities were to dministrator had worked plans for everyone in the | 2 | | | |
| -The care plans she com the bottom because she was supposed to. | npleted, she did not sign | | | | |
| Interview with the Adminit 1:05pm revealed: | istrator on 05/16/22 at | | | | |
| vision of Health Service Regulation ATE FORM | | 6899 | JR111 | If continuet | n sheet 15 of |

| STATEMENT OF DEFICIENCIES(X1) PROVIDER/SUPPLIER/CLIAND PLAN OF CORRECTIONIDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|--|--|-----------------------------------|------------------------|--|
| | of contraction | IDENTIFICATION NOMBER. | A. BUILDING: | ····· | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | | MALL COURT | | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 168 | Continued From pa | ge 15 | D 168 | | | | |
| | month prior. -She was not aware completing care pla had any training. -She was aware tha person who was re resident care plans Telephone interview Owner/Licensee on he expected care p accurately by either | | | | | | |
| D 234 | Medical Exam & Im | 03(a) Tuberculosis Test, imunizatio 03 Tuberculosis Test, Medical | D 234 | | | | |
| | Examination & Imm (a) Upon admissio resident shall be te in compliance with by the Commission specified in 10A NC subsequent amend the rule are availab the Department of I Tuberculosis Contri Center, Raleigh, No | nunizations n to an adult care home, each sted for tuberculosis disease the control measures adopted for Health Services as CAC 41A .0205 including ments and editions. Copies o le at no charge by contacting Health and Human Services, ol Program, 1902 Mail Service orth Carolina 27699-1902. | f | | | | |
| | facility failed to ens (#4) had completed | views and interviews, the ure 1 of 5 sampled residents I tuberculosis (TB) testing in e control measures for the | | | | | |

| Division | of Health Service Re | equlation | | | FORM | APPROVED |
|--------------------------|---|---|---------------------|--|--------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | |
| | | | ONS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE |
| D 234 | Continued From pa | age 16 | D 234 | | | |
| | The findings are: | | | | | |
| | 04/07/22 revealed of acute myocardial in hypertension, type | t #4's current FL2 dated diagnoses included obesity, nfarction, hyperlipidemia, 2 diabetes mellitus and pulmonary disease. | | | | |
| | | t #4's Resident Register ent was admitted to the facility | | | | |
| | summary report da tuberculin skin test | t #4's hospital discharge ted 01/11/22 revealed a (purified protein s placed on 01/10/22. | | | | |
| | -There was no doc that was applied or -There was no doc | t #4's record revealed: umentation the TB skin test o 01/10/22 had been read. umentation the resident had B skin test since admission to | | | | |
| | revealed: -She recalled while was placed. -She did not remen test because the ne facility. | dent #4 on 05/17/22 at 4:16pm in the hospital a TB skin test nber getting the results of the ext day she came to the ved a TB skin test since she | | | | |
| ivision of H | (MA) on 05/16/22 a -The previous Adm Manager were resp | Scheduler/medication aide at 11:40am revealed: inistrator and the Marketing ponsible for obtaining TB skin sidents were admitted to the | | | | |

Division of Health Service Regulation STATE FORM

6899

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) Multiple A. Building: | | | E SURVEY PLETED | |
|--------------------------|---|--|-------------------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM DNS, NC 2701 | (MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 234 | Continued From pa | age 17 | D 234 | | | | |
| | -She did not know i test placed and rea | if Resident #4 had a TB skin ad. | | | | | |
| | 05/17/22 at 4:20am -TB skin tests shou admission to the fa -If the TB skin test admission to the fa had the TB skin test frame and the resu resident's record. -He expected all re TB skin test placed -The previous Adm Nurse and was able was not sure why th Telephone interview on 05/16/22 at 4:57 -She started workin -She would not hav sure Resident #4 h -A resident would not facility unless they | Ald be obtained prior to acility. was not read prior to acility, the facility should have st read within the required time and the marketing manager and the facility 01/04/22. We been responsible for making | | | | | |
| | on 05/17/22 at 11:4 -She contacted the Resident #4 and wa resident had been a -She was not sure test prior to or upor because when the | w with the Marketing Manager I9am revealed: hospital that discharged as unable to validate if the administered a TB skin test. if the resident had a TB skin n admission to the facility resident was admitted to the t started working at the facility. | | | | | |
| isis - f ! ! | The previous facilit available for intervi ealth Service Regulation | | | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED | |
|--------------------------|---|---|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 269 | 10A NCAC 13F .09 Supervision | 01(a) Personal Care and | D 269 | | | | |
| | Supervision (a) Adult care hom care to residents ac plans and attend to | 01 Personal Care and e staff shall provide personal ccording to the residents' care any other personal care ay be unable to attend to for | | | | | |
| | This Rule is not mo TYPE A2 VIOLATIO | | | | | | |
| | interviews, the facil | ions, record reviews and ity failed to provide personal 1 of 6 sampled residents (#1) nce care. | | | | | |
| | The findings are: | | | | | | |
| | 04/07/22 revealed: -Diagnoses include dementia, hyperten stage 4, gastroesop hypothyroidism, ab- chronic obstructive artery disease, dep depression. -The resident was a incontinent of blado -The resident requi with bathing, feedin | red personal care assistance ig and dressing. d level of care was skilled | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|---|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | | | | R 05/17/2022 | |
| | | | | | 05/ | 1//2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | | | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ONS, NC 2701 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 269 | Continued From pa | age 19 | D 269 | | | | |
| | 03/07/22 revealed: -Diagnoses include dementia, occlusion disease and solitary -The resident was i semi-ambulatory us self-propel. -The resident was i bowel. -There were orders occupational (OT) t -The recommended living facility. | t #1's previous FL2 dated ed cerebral ischemia, vascular n and stenosis, chronic kidney y pulmonary nodules. Intermittently disoriented, sing a wheelchair to incontinent of bladder and for physical (PT) and therapy. d level of care was assisted t #1's Care Plan dated | | | | | |
| | 04/14/22 revealed t needing supervision | the resident was assessed as n only with eating, toileting, g, dressing, groom/personal | | | | | |
| | log for March 2022 -The resident requi meals, bathing, ora dressing and ambu -There was docume | red staff assistance with I care, grooming, toileting, Ilation/mobility. entation staff provided hands nce daily per shift from | | | | | |
| | log for April 2022 re -The resident requi meals, bathing, ora dressing and ambu -There was docume on personal care of 04/01/22 through 0- | red staff assistance with I care, grooming, toileting, Ilation/mobility. entation staff provided hands nce daily per shift from | | | | | |

| STATEMEN | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | | |
|---------------|---|--|-----------------|--|------------------|------------------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | AT CLEININIONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET | |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO 1 | THE APPROPRIATE | DATE | |
| | | | | DEFICIENC | SY) | | |
| D 269 | Continued From pa | ge 20 | D 269 | | | | |
| | | | | | | | |
| | | nealth agency notes and initial | | | | | |
| | assessment dated | | | | | | |
| | a cerebral infarction | aresis on the left side following | | | | | |
| | | jeneralized weakness and | | | | | |
| | expressed a fear of | falling. | | | | | |
| | | sist the resident with grooming | | | | | |
| | and eating. | ntiraly dependent on facility | | | | | |
| | | entirely dependent on facility athing, toileting, ambulation | | | | | |
| | and transferring. | atiling, tolloting, ambalation | | | | | |
| | Review of a home h | nealth note dated 03/14/22 | | | | | |
| | | ment the resident was in bed. | | | | | |
| | | not eaten all day and the | | | | | |
| | | n trays still sitting in the room | | | | | |
| | not eaten. | identite act also would have | | | | | |
| | | ident to eat, she would have sitting up in the bed to reach | | | | | |
| | her plate. | sitting up in the bed to redor | | | | | |
| | -The resident's bed | and incontinent brief were | | | | | |
| | | y strong smell of urine. | | | | | |
| | -No staff could be fe | ound; the therapist changed | | | | | |
| | | lained of increased leg pain in | | | | | |
| | the right leg. | | | | | | |
| | Review of the coun | ty emergency medical service | | | | | |
| | (EMS) report dated | | | | | | |
| | -Upon arrival at the | facility at 2:14pm there were 2 | 2 | | | | |
| | staff in the room with | | | | | | |
| | - The staff told EMS Resident #1 all day | they did not check on | | | | | |
| | | on why they did not do rounds | | | | | |
| | to observe Residen | | | | | | |
| | -The resident's inco | ontinent brief needed to be | | | | | |
| | changed. | | | | | | |

| STATEMENT | f Health Service Re OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPI F | CONSTRUCTION | (X3) DATE SURVEY | | |
|---------------|--|---|----------------|--|------------------|-----------------|--|
| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF PF | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | | |
| | | 6010 MEA | DOWBROOK | MALL COURT | | | |
| | T CLEMMONS | CLEMMO | NS, NC 2701 | 2 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 269 | Continued From pa | ge 21 | D 269 | | | | |
| | | Occupational Therapist (OT) on | | | | | |
| | 05/17/22 at 7:30pm | | | | | | |
| | | get Resident #1 out of bed. | | | | | |
| | | physically move the resident. | | | | | |
| | ambulation and trai | a 2 to 3 person assist with | | | | | |
| | | initial visit in March 2022, she | | | | | |
| | | #1 and her bed was soaked | | | | | |
| | and smelled like uri | | | | | | |
| | | rapy, she had to change the | | | | | |
| | resident and the be | ed. | | | | | |
| | Telenhone interviev | v with Resident #1's Power of | | | | | |
| | | 05/16/22 at 3:26pm revealed: | | | | | |
| | | e around 10:00am and did not | | | | | |
| | leave until 6:00pm (| or 7:00pm. | | | | | |
| | | ne facility, no staff came to the | | | | | |
| | room to check on th | | | | | | |
| | -Νο staπ checked c incontinent brief. | or changed the resident's | | | | | |
| | | staff, they were never around | | | | | |
| | | ch all three floors of the facility | | | | | |
| | to find staff. | , | | | | | |
| | Interview with the h | ome health nurse (HHN) | | | | | |
| | 05/12/22 at 2:56pm | | | | | | |
| | | ery confused and very | | | | | |
| | • • | cility staff for all her ADL | | | | | |
| | needs. The resident need | ed staff assistance just to | | | | | |
| | reposition her body | ed staff assistance just to | | | | | |
| | | resident, "you would have to | | | | | |
| | | y" because the resident | | | | | |
| | provided no assista | | | | | | |
| | | ove Resident #1 without | | | | | |
| | | was to roll her from | | | | | |
| | side-to-side like a lo | | | | | | |
| | | incontinent briefs that needed | | | | | |
| | to be changed by fa There were a cour | ble of times when she visited | | | | | |
| | alth Service Regulation | | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------------|--|-----------------------------------|------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK INS, NC 2701 | X MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 269 | Continued From pa | ge 22 | D 269 | | | | |
| | -Resident #1 was s observed the reside -The PT/OT asked -On 03/28/22, her s PCP to obtain an o wounds. -She did the initial a wounds on 03/29/2 stage 2. -She provided educ how to care for the -After the initial ass contacted the PCP | e had to change the resident. een by PT/OT and they ent had pressure ulcers. her to treat the wounds. supervisor called the facility's rder to assess the resident's assessment of Resident #1's 2 and the wounds were a cation and training to the staff resident's wounds. essment on 03/29/22, she and told her Resident #1 aded to skilled care. | | | | | |
| | 05/16/22 at 10:40ar - The personal care to check residents and 1/2 to 2 hours. -She had instructed #1 more frequently left the room. - There was no syst PCAs checked the | aides (PCAs) were supposed for incontinent care every 1 If the PCAs to check Resident because the resident never em in place to ensure the residents for incontinent care. umentation to show Resident | | | | | |
| | revealed: -The resident was so 2 hours for inconting -She tried to check -There was no way or changed Reside two hours. -She never went to another person becomes | A on 05/13/22 at 3:26pm supposed to be checked every ence. the resident every two hours. to document that she checked nt #1's incontinent briefs every the resident's room without cause it took 2 people to t's incontinent brief. | | | | | |

| | of Health Service Re | | | CONSTRUCTION | | |
|--------------------------|---|---|---------------------|---|---------------------------------|-------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| AME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 269 | Continued From pa | ge 23 | D 269 | | | |
| | -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. | | | | | |
| | 4:03pm revealed: -She initially assess -Prior to the assess Resident #1. -A few days before message by the HH Resident #1. -The HHN said she higher level of care -After her assessm with the Administrat had two stage 2 ulc -She told the Admin facility did not know ulcers. -She also informed was upgrading Res care. -She informed the A would need to be to | ent of Resident #1, she talked or and informed Resident #1 | | | | |
| | 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. | | | | | |

| Division | of Health Service Re | equilation | | | FORM | APPROVED |
|--------------------------|---|--|-------------------------------------|---|---------|--------------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | СОМІ | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROO NS, NC 270 [°] | K MALL COURT 12 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETE DATE |
| D 269 | Continued From pa | ge 24 | D 269 | | | |
| | | a plan of protection in S. 131D-34 on 05/24/22 for | | | | |
| | | N DATE FOR THIS TYPE A2 NOT EXCEED JUNE 16, | | | | |
| D 270 | 10A NCAC 13F .09 Supervision | 01(b) Personal Care and | D 270 | | | |
| | Supervision (b) Staff shall provi | 01 Personal Care and de supervision of residents in ch resident's assessed needs, nt symptoms. | | | | |
| | This Rule is not me TYPE A1 VIOLATIO | | | | | |
| | facility failed to prov the resident's asses residents (#8) who and had a history of | s and record reviews, the vide supervision according to seed needs for 1 of 6 sampled was constantly disoriented f 19 falls in 6 months resulting abrasions, closed head ions. | | | | |
| | The findings are: | | | | | |
| | revealed: -Staff was to ensure Observations/Inves utilizing the facility's | and Fall Interventions | | | | |

Division of Health Service Regulation STATE FORM

| 710131011 | of Health Service Re | gulation | 1 | | | | |
|---------------|---|---|-----------------|--|-------------------|------------------|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | (X3) DATE COMP | SURVEY | |
| HAL | | HAL034150 | B. WING | B. WING | | R 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | | |
| HE IVY | AT CLEMMONS | CLEMMO | NS, NC 27012 | 2 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLETE DATE | |
| D 270 | Continued From pa | ge 25 | D 270 | | | | |
| | immediately after a | resident fell | | | | | |
| | | first fall for the resident, staff | | | | | |
| | | /hen and what the last | | | | | |
| | | prevent re-occurrence. | | | | | |
| | | ould have reviewed resident | | | | | |
| | | morning after the fall and on a | | | | | |
| | | weekly basis and front-line staff should have | | | | | |
| | attended the meeting | ng for discussion and | | | | | |
| | problem-solving. | | | | | | |
| | | rdinator should have been | | | | | |
| | | onsible for full implementation | | | | | |
| | of the falls program including screening of high-risk residents and coordination of | | | | | | |
| | | | | | | | |
| | individualized care | plans. I equipment interventions | | | | | |
| | | lutter, clearing pathways, | | | | | |
| | | t night, pictures and labels to | | | | | |
| | | te the bathroom and their | | | | | |
| | | assurance and orientation to | | | | | |
| | | ip protectors, a low bed, use | | | | | |
| | | skid socks, raised toilet seat, | | | | | |
| | wedge cushion cha | ir, lower lounge chair, check | | | | | |
| | wheelchair brakes, | recliner with deep seat, chair | | | | | |
| | with deep seat, end | courage residents to wear | | | | | |
| | | Don't Fall" sign on the wall of | | | | | |
| | the resident's room | | | | | | |
| | | nterventions included | | | | | |
| | | by and physical therapy | | | | | |
| | assistive devices. | uation, restorative care, and | | | | | |
| | | and uncafa babayiar | | | | | |
| | interventions includ | and unsafe behavior | | | | | |
| | | resident: monitor resident | | | | | |
| | | itor resident with every | | | | | |
| | | and monitor resident with every | , | | | | |
| | 30-minute checks. | | | | | | |
| | | terventions listed for pain | | | | | |
| | management, med | • | | | | | |
| | interventions. | | 1 | | | 1 | |

| Division | of Health Service Re | egulation | | | - | APPROVE |
|--------------------------|--|---|---------------------|--|--------------------------------|--------------------------|
| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | | | |
| | | | | PROVIDER'S PLAN OF C | | ()(5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 270 | Continued From pa | ge 26 | D 270 | | | |
| | Review of Residen 04/07/22 revealed: -Diagnoses include schizoaffective disc hyperglycemia. -Resident #8 was c semi-ambulatory. Review of Resident revealed: -Resident #8 had not the aide of an assis -Resident #8 had a -Resident #8 had a -Resident #8 had a -Resident #8 requir ambulation and tran 1. Review of Reside 11/06/21 revealed: -Resident #8 was for resident's room lyin -She had a bruise of complained her sho hurt. -Emergency medicat to evaluate Resident sent out to the eme Review of Resident revealed there was dated 11/06/21. Based on record re documentation of ir interventions impler her fall on 11/06/21 Attempted telephore | t #8's current FL2 dated d chronic constipation, order bipolar type and onstantly disoriented and was at #8's care plan dated 04/14/22 o problems ambulating with tive device. walker, but she did not use it. ed supervision with hsferring. ent #8's progress note dated bund on the floor in another g on her left side. on her upper right arm and bulder and right upper arm al services (EMS) was called ht #8 and she refused to be rigency room (ER). at #8's incident/accident reports no incident/accident reports | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | X MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ige 27 | D 270 | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on n. | | | | | |
| | Refer to interview v 05/13/22 at 12:24p | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | | |
| | 11/07/21 revealed: -Resident #8 was o she fell onto the flo | ent #8's progress note dated coming out of her room when or, but she did not hit her | | | | | |
| | head. -She did not compl -Resident #8 stated hospital. | ain of pain. I she did not want to go to the | | | | | |
| | | t #8's incident/accident reports no incident/accident report | | | | | |
| | Review of physician revealed an for for ealth Service Regulation | | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BUILDING. | | | П | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 270 | Continued From pa | ige 28 | D 270 | | | | |
| | Resident #8's home 05/16/22 at 10:27at -The home health of physical therapy for to high risk of falling -Resident #8 was re in January 2022 an due to meeting all h -There had been no physical therapy for Based on record re increased supervisi implemented for Re 11/07/21. Attempted telephor responsible party of unsuccessful. Refer to interview w 05/13/22 at 1:17pm Refer to interview w | office received a referral for r Resident #8 on 11/14/21 due g and use of wheelchair. ecertified for physical therapy d discharged in February 2022 of the requests or orders for r Resident #8. eviews no documentation of ion or other interventions esident #8 after her fall on the interview with Resident #8's n 05/16/22 at 1:24pm was with a medication aide (MA) on the interview with the Scheduler/MA on | 2 | | | | |
| | Coordinator (RCC) | on 05/13/22 at 1:44pm. | | | | | |
| | (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 a | t | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURV COMPLETED R | |
|--------------------------|--|---|-------------------------------|--|-----------------------------------|-------------------------|
| | | HAL034150 | | | 05/ | 17/2022 |
| | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST ADOWBROOK | MALL COURT | | |
| THE IVY | AT CLEMMONS | | ONS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 270 | Continued From pa | age 29 | D 270 | | | |
| | • | 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). | | | | | |
| | | t #8's progress notes revealed ess note dated 11/11/21 at | | | | |
| | summary dated 11/ -Resident #8 was e fall. | t #8's local hospital after visit /11/21 revealed: evaluated at the ER due to a head injury and laceration of | | | | |
| | (PCP) progress not -The visit was a net primary care. -The encounter wat abnormalities, repe muscle weakness. -Resident #8 report -There was an order | t #8's primary care provider's te dated 11/11/21 revealed: w patient visit to establish s in whole, or in part, for gait eated falls subsequent to ted left knee pain and swelling er to consult home health for r evaluation and treatment. vas ordered. | | | | |
| | | t #8's left knee x-ray dated no evidence of acute fracture | | | | |

| TATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COM | PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | I | | ONS, NC 27012 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 270 | Continued From pa | ige 30 | D 270 | | | |
| | | t #8's record revealed there erapy notes available. | | | | |
| | documentation of ir | views, there was no ncreased supervision or other mented for Resident #8 after | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on n. | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | |
| | Refer to telephone Administrator on 05 | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | |
| | 4. Review of Reside report dated 11/13/ | ent #8's incident/accident 22 revealed: | | | | |

| | of Health Service Re NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED R | |
|--------------------------|--|---|----------------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 27012 | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ge 31 | D 270 | | | | |
| | door in her room. -Her lip was burst, a finger. -She refused for sta services (EMS). Review of Resident there was no progra Based on record re documentation of ir interventions implet her fall on 11/13/21 Attempted telephor responsible party o unsuccessful. Refer to interview v 05/13/22 at 1:17pm | ne interview with Resident #8's n 05/16/22 at 1:24pm was with a medication aide (MA) on n. with the Scheduler/MA on | | | | | |
| | Refer to interview v Coordinator (RCC) | m. vith the Resident Care on 05/13/22 at 1:44pm. vith a personal care aide | | | | | |
| | (PCA) on 05/16/22 | | | | | | |
| | Refer to telephone | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|---|------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING. | | R | | |
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 270 | Continued From pa | age 32 | D 270 | | | | |
| | | Refer to telephone interview with the Owner/Licensee on 05/17/22 at 4:27pm. | | | | | |
| | 11/14/21 revealed: | ent #8's progress note dated 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. | | | | | | |
| | dated 11/14/22 at re -Resident #8 got ou cigarettes when she back of her head. -She was outside w | ut of her wheelchair to get e fell backwards hitting the | | | | | |
| | summary dated 11/ -She was seen at th | | | | | | |
| | documentation of ir | eviews, there was no ncreased supervision or other mented for Resident #8 after | | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on 1. | | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | | |
| | Refer to interview v | vith the Resident Care | | | | | |

| Division | of Health Service Re | aulation | | | FORM | APPROVED |
|---------------|--|---|------------------------------|--|-----------------|------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | | LETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | DOWBROO NS, NC 270 | K MALL COURT 12 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORREC | | (X5) |
| PRÉFIX TAG | | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | | COMPLETE DATE |
| D 270 | Continued From pa | ge 33 | D 270 | | | |
| | Coordinator (RCC) | on 05/13/22 at 1:44pm. | | | | |
| | Refer to interview w (PCA) on 05/16/22 | ith a personal care aide at 2:00pm. | | | | |
| | Refer to interview w 4:15pm. | ith another MA on 05/16/22 at | | | | |
| | | interview with Resident #8's er (PCP) on 05/13/22 at | | | | |
| | Refer to telephone Administrator on 05 | | | | | |
| | Refer to telephone of Owner/Licensee on | interview with the 05/17/22 at 4:27pm. | | | | |
| | 12/14/21 revealed: -Resident #8 was for position on the floor -She stated she wa her bed, lost her ba | ent #8's progress note dated ound sitting in an upright of her bedroom. s trying to get something off lance, and fell backwards. she did not need any medical | | | | |
| | | ess or swelling noticed. Ie to monitor for any changes. | | | | |
| | dated 12/14/22 at re -Resident #8 was for bedroom floor. -Resident #8 stated something off her b backwards. -She stated she wa medical attention. | #8's incident/accident report evealed: bund sitting upright on her she was trying to get ed, lost her balance and fell s okay and did not need any but to the local hospital. | | | | |
| Division of H | ealth Service Regulation | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | | E SURVEY PLETED |
|--------------------------|---|--|---------------------------|---|-----------------------------------|------------------------|
| | | HAL034150 | 34150 B. WING | | | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK ONS, NC 2701 | X MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| D 270 | Continued From pa | ge 34 | D 270 | | | |
| | documentation of ir | views, there was no ncreased supervision or other mented for Resident #8 after | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on ı. | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | t | | | |
| | | interview with Resident #8's er (PCP) on 05/13/22 at | | | | |
| | Refer to telephone Administrator on 05 | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | |
| | 12/19/21 at 8:25pm -Resident #8 fell an lower back. | nd had an abrasion on her left | | | | |
| | | ndage were applied to the stitches over her right eye. | | | | |

| TATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · , | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------|---|-----------------------------------|------------------------|--|
| | | HAL034150 | 4150 B. WING | | | R 5/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, S | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | | MALL COURT | | | |
| | | CLEMMO | DNS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 270 | Continued From pa | ge 35 | D 270 | | | | |
| | -Staff would continue to monitor for any changes. | | | | | | |
| | documented the pro 4:15pm revealed: -She was working t unwitnessed fall, ha and had to have sti -She did not remen remembered it was -After her fall, staff wheelchair. -Staff was told to in specifics) for Resid residents, you can't -Staff checked on a if a resident was se came back with an supposed to be on checks depending injury. -She only remember checks for Residen | ber the date of the fall, but in December 2021. made sure she stayed in her crease supervision (no time ent #8, "but with that many | | | | | |
| | dated 12/19/21 at 1 -Resident #8 was for solarium in front of -She had laceration her forehead above -Resident #8 stated wheelchair to the co -She was taken to the Review of Resident | ound on the floor of the her wheelchair. and blood on the left side of her eyebrow. I she was transferring from her ouch when she fell. the emergency room (ER). | | | | | |
| | | een at the ER due to a fall. sis of a closed head injury and | | | | | |
| Division | of Health Service Re | equiation | | | FORM | APPROVED |
|--------------------------|--|---|---------------------|--|--------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | | | |
| | | | DNS, NC 2701 | 2 PROVIDER'S PLAN OF C | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 270 | Continued From pa | ge 36 | D 270 | | | |
| | 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 w 05/13/22 at 1:17pm | vith a medication aide (MA) on | | | | |
| | Refer to interview w 05/13/22 at 12:24pi | vith the Scheduler/MA on m. | | | | |
| | | Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. | | | | |
| | Refer to interview w (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | |
| | Refer to interview w 4:15pm. | vith another MA on 05/16/22 at | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | |
| | Refer to telephone Administrator on 05 | | | | | |
| | Refer to telephone Owner/Licensee on | interview with the 05/17/22 at 4:27pm. | | | | |
| Division of H | 12/19/21 at 9:45pm -Resident #8 was fo | ent #8's progress note dated revealed: ound sitting in an upright r against her roommate's | | | | |

Division of Health Service Regulation STATE FORM

6899

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------------|--|-----------------------------------|-------------------------------------|--|
| | | HAL034150 | B. WING | VING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE ⁻ DATE | |
| D 270 | Continued From pa | ge 37 | D 270 | | | | |
| | her wheelchair to g balance. -She had an abrasi -Ointment and a ba back. Review of Resident dated 12/19/21 at 9 -She was found sitt roommate's chair. -Resident #8 stated wheelchair when sh | ing upright against her I she was getting out her | | | | | |
| | Based on record re documentation of ir | views, there was no ncreased supervision or other mented for Resident #8 after at 9:15pm. | | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on | | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED R | |
|--------------------------|---|---|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ige 38 | D 270 | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone interview with the Administrator on 05/16/22 at 1:24pm. | | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | | |
| | report dated 12/21/ -She was found sitt bathroom doorway. -Resident #8 stated bend down to pick | d she lost her balance trying to up a cup under the sink. on her left thigh, but she | | | | | |
| | | t #8's progress notes revealed ess note dated 12/21/21 at | | | | | |
| | documentation of ir | views, there was no ncreased supervision or other mented for Resident #8 after at 12:17am. | | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | 3 | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on n. | | | | | |
| | Refer to interview v 05/13/22 at 12:24pi | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|------------------------------|--|-----------------|--------------------|
| | | | A. BUILDING. | | | D |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | (MALL COURT 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 270 | Continued From pa | ige 39 | D 270 | | | |
| | | Refer to interview with a personal care aide (PCA) on 05/16/22 at 2:00pm. | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | t | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | |
| | Refer to telephone Administrator on 05 | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | |
| | 12/21/21 at 10:23a | dent #8's progress note dated m revealed: ing upright on the floor in front | | | | |
| | of her wheelchair. -Resident #8 stated | she was folding clothes and | | | | |
| | socks in a drawer. | she got up to go put her ue to monitor for changes. | | | | |
| | Review of Resident | t #8's incident/accident report | | | | |
| | dated 12/21/21 at 1 -Resident #8 was for her wheelchair on t | ound sitting upright in front of | | | | |
| | | I that she was trying to fold he r balance and fell as she went her drawer | | | | |
| | - | views, there was no | | | | |
| | documentation of ir | ncreased supervision or other mented for Resident #8 after | | | | |
| | Attempted telephor ealth Service Regulation | ne interview with Resident #8's | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|---|---------------------|--|----------------------------------|------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | TATE. ZIP CODE | 00/ | 11/2022 | |
| THE IVY | AT CLEMMONS | 6010 ME | | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 270 | Continued From pa | ige 40 | D 270 | | | | |
| | responsible party on 05/16/22 at 1:24pm was unsuccessful. | | | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on ı. | | | | | |
| | 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 v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | | |
| | 12/24/21 revealed: -Resident #8 fell in | dent #8's progress note dated her bathroom while trying to | | | | | |
| | sit on the toilet. -Another resident a floor. | ssisted Resident #8 off the | | | | | |
| | | n her buttocks and was limping ed to be transported to the | | | | | |
| | | a, who documented the d 12/24/21 on 05/16/22 at | | | | | |

If continuation sheet 41 of 239

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|-------------------|---|--|------------------|---|-----------------|------------------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID PREFIX | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLETE | |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | DATE | |
| D 270 | Continued From pa | age 41 | D 270 | | | | |
| | 4:59pm revealed: | | | | | | |
| | | on 12/24/21 when another | | | | | |
| | Resident brought Resident #8 had fa | esident #8 to her and told her | | | | | |
| | | lent #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 injurie | | | | | | |
| | | erventions put in place for ne checked on Resident #8 | | | | | |
| | | e sure she did not complain of | | | | | |
| | pain. | | | | | | |
| | | mbulatory and always on the | | | | | |
| | move. | | | | | | |
| | Review of Residen | t #8's incident/accident reports | | | | | |
| | revealed there was report dated 12/24/ | not an incident/accident | | | | | |
| | Based on record re | views, there was no | | | | | |
| | documentation of in | ncreased supervision or other | | | | | |
| | | mented for Resident #8 after | | | | | |
| | her fall on 12/24/21 | | | | | | |
| | Review of Residen | t #8's primary care provider's | | | | | |
| | | ted 01/06/22 revealed: | | | | | |
| | -Resident #8 was b routine visit. | eing seen for the purpose of a | l | | | | |
| | | on from a recent fall above he | r | | | | |
| | right eye with 5 stite | | | | | | |
| | -The PCP was ass | essing the need to remove | | | | | |
| | stitches on 01/06/2 | | | | | | |
| | | essing the need for wheelchair | | | | | |
| | Resident #8's lab w | and she was also reviewing | | | | | |
| | | of recent falls and the facility | | | | | |
| | staff reported she w | vas currently being seen by | | | | | |
| | physical therapy. | | | | | | |
| | | lated via wheelchair now due | | | | | |
| | to frequent falls. ealth Service Regulation | | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|---|-----------------|--|---------------------------------|--------------------|--|
| | | | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | /ING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | DOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | | ID ID | - PROVIDER'S PLAN OF (| CORRECTION | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | COMPLET | |
| D 270 | Continued From pa | ige 42 | D 270 | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on ı. | | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | | |
| | 02/10/22 revealed: | dent #8's progress note dated | | | | | |
| | when she tried to tr wheelchair to the b | | | | | | |
| | residents. | n the bench according to other | | | | | |
| | staff arrived outside | ttempted to help her up when e. d stiffening up and trembling | | | | | |

| | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | | | | | |
|---------------|--|---|------------------------------|--|----------------|--------------------|--|
| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | K MALL COURT 2 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| D 270 | Continued From pa | age 43 | D 270 | | | | |
| | were rolling. | he wheelchair. for air, lethargic, and her eyes to the emergency room (ER) | | | | | |
| | | t #8's incident/accident reports not an incident/accident ⁄22. | | | | | |
| | summary dated 02/ -Resident #8 was s | t #8's local hospital after visit /10/22 revealed: seen in the ER due to a fall. a closed head injury. | | | | | |
| | documentation of ir | eviews, there was no ncreased supervision or other mented for Resident #8 after | | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on ı. | | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | | | | | |
| vision of U | Refer to telephone ealth Service Regulation | interview with Resident #8's | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---|---|--|---------------------|--|-----------------------------------|-------------------------|--|
| | OF CONNECTION | IDENTIFICATION NOWIDEN. | A. BUILDING: | A. BUILDING: | | | |
| | | HAL034150 | B. WING | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ge 44 | D 270 | | | | |
| | primary care provider (PCP) on 05/13/22 at 4:20pm. | | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | 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. | | | | | | |
| | | | t | | | | |
| | -Resident #8 had fa hit her head where previous fall. | allen out of her wheelchair and she had hit it before during a | | | | | |
| | was not dripping. | n Resident #8's head, but it and Resident #8 was seated lchair. | | | | | |
| | -The MA was in Re to her roommate w wheelchair again. | sident #8's bedroom attending hen Resident #8 fell out of the | | | | | |
| | and was placed in t -After dinner, Resid | laced back into the wheelchair he hallway to watch further. lent #8 wanted to lay down so, | | | | | |
| | refused to get in the -Resident #8 was a | ssisted into her bed. | | | | | |
| | arrived at 7:45pm c Resident #8 up off | | | | | | |
| | pressure and refuse | lurred speech, low blood ed to go to the hospital. ack down to sleep after EMS | | | | | |
| | -The MA contacted | Resident #8's primary care she was monitored | | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|-----------------------------------|--|----------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| | PROVIDER OR SUPPLIER | L | ET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| | | | | | | | |
| THE IVY | AT CLEMMONS | | ONS, NC 2701 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ge 45 | D 270 | | | | |
| | progress note dated 4:59pm revealed: -Resident #8 fell tw February 2022, but exact date. -She thought some to why she kept fall date. -She called 911 afted but she refused to H -She had Resident medication cart so -She stayed in the H she got up and left. -She did not know of increase supervision falls. -Interventions put in the fall were to get her wheelchair. -She completed a p remember contaction Review of Resident revealed there was report dated 02/11/2 Based on record re documentation of in interventions implet her fall on 02/11/22 Attempted telephor responsible party o unsuccessful. | of any other attempts to in of Resident #8 after her in place for Resident #8 after her to sit down in a chair or progress note, but she did not ing Resident #8's PCP. It #8's incident/accident reports not an incident/accident reports not an incident/accident 22. views, there was no increased supervision or other mented for Resident #8 after ine interview with Resident #8's in 05/16/22 at 1:24pm was with a medication aide (MA) on | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|---|---|---------------------|--|----------------|--------------------------|
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE | (X5) COMPLETI DATE |
| D 270 | Continued From pa | ge 46 | D 270 | | | |
| | | Refer to interview with the Scheduler/MA on 05/13/22 at 12:24pm. | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | |
| | Refer to interview w (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | |
| | Refer to interview w 4:15pm. | vith another MA on 05/16/22 a | t | | | |
| | | interview with Resident #8's er (PCP) on 05/13/22 at | | | | |
| | Refer to telephone Administrator on 05 | | | | | |
| | Refer to telephone Owner/Licensee on | interview with the 05/17/22 at 4:27pm. | | | | |
| | report dated 02/22/ | dent #8's incident/accident 22 revealed: ound on the ground trying to | | | | |
| | get up. | I she was trying to lock her | | | | |
| | -Another resident s hitting the left side of | tated she stood up and fell | | | | |
| | -She refused to go -Compression was | | | | | |
| | | t #8's progress notes revealed ess note dated 02/22/22. | | | | |
| | Based on record re | views, there was no | | | | |

| | of Health Service Re | | | | | | |
|--------------------------|---|--|-------------------------------|--|----------------------------------|-------------------------|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| | AT CLEMMONS | | | MALL COURT | | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | 1 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ge 47 | D 270 | | | | |
| | 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 w 05/13/22 at 1:17pm | /ith a medication aide (MA) on | | | | | |
| | Refer to interview w 05/13/22 at 12:24pr | /ith the Scheduler/MA on n. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview w (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview w 4:15pm. | vith another MA on 05/16/22 at | t | | | | |
| | | interview with Resident #8's er (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | Refer to telephone Owner/Licensee on | interview with the 05/17/22 at 4:27pm. | | | | | |
| | 02/27/22 revealed: -Resident #8 was ir over her roommate -Emergency medica | dent #8's progress note dated n her room when she tripped 's wheelchair. al services (EMS) was called, used to go to the hospital. | | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BUILDING: | | | D | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | _ | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 270 | Continued From pa | ige 48 | D 270 | | | | |
| | Review of Resident #8's incident/accident report dated 02/27/22 revealed: -She had an unwitnessed fall in her room. | | | | | | |
| | | l she tripped over her | | | | | |
| | -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 v 05/13/22 at 1:17pm | vith a medication aide (MA) on n. | | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | t | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 0 05/17/22 at 4:27pm. | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | | E SURVEY PLETED | |
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| | | HAL034150 | B. WING | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM | X MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ige 49 | D 270 | | | | |
| | report dated 03/08/ -Resident #8 came off her bed trying to -She got up off the -Resident #8 stated be sent out to the h -There were no app -Staff encouraged f Review of Resident | to the MA and stated she slid o get into her wheelchair. floor by herself. If she was fine and refused to pospital for evaluation. | | | | | |
| | Based on record re documentation of ir interventions imple her fall on 03/08/22 | | | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | i | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on n. | | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | t | | | | |
| | Refer to telephone | interview with Resident #8's | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | | | | | R |
| | | HAL034150 | B. WING | | 05/ | 17/2022 |
| IAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| THE IVY | AT CLEMMONS | | ONS, NC 2701 | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| D 270 | Continued From pa | ige 50 | D 270 | | | |
| | 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. | | | | | |
| | | | | | | |
| | | | | | | |
| | report dated 04/19/ -She was trying to g when she fell. -Resident #8 stated hospital, so staff ke | get snacks, using her walker, d she did not want to go to the ept an eye on her. Resident #8 to ask for help | | | | |
| | completed Resider | ne interview with the MA who It #8's incident/accident report 05/17/22 at 11:20am was | | | | |
| | | t #8's progress notes revealed ess note dated 04/19/22 | | | | |
| | documentation of ir | views, there was no ncreased supervision or other mented for Resident #8 after | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on n. | | | | |
| | Refer to interview v | vith the Scheduler/MA on | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | or contraction | | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | | CLEMM | ONS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 270 | Continued From pa | ge 51 | D 270 | | | | |
| | 05/13/22 at 12:24p | n. | | | | | |
| | Refer to interview with the Resident Care Coordinator (RCC) on 05/13/22 at 1:44pm. | | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | <i>v</i> ith another MA on 05/16/22 a | t | | | | |
| | | interview with Resident #8's er (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:27pm. | | | | | |
| | report dated 04/23/ | ound sitting on her bathroom | | | | | |
| | completed the incid 04/23/22 on 05/16/2 -Resident #8 usuall gate and was confu -Resident #8 had fa but she did not rem | alls before her hospitalization, ember the dates or how many | 1. | | | | |
| | April 2022. -Resident #8 had fa had socks on, but r | e had her shoes on when she | | | | | |

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|----------------------------|---|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 27012 | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | age 52 | D 270 | | | | |
| | in place for Resider | of any other interventions put nt #8 and she was not told to on for Resident #8 after her fall | | | | | |
| | Review of Resident #8's progress notes revealed there was no progress note dated 04/23/22. | | | | | | |
| | documentation of ir | eviews, there was no increased supervision or other mented for Resident #8 after 2. | | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | | |
| | Refer to interview v 05/13/22 at 1:17pm | vith a medication aide (MA) on ı. | | | | | |
| | Refer to interview v 05/13/22 at 12:24pt | vith the Scheduler/MA on m. | | | | | |
| | | vith the Resident Care on 05/13/22 at 1:44pm. | | | | | |
| | Refer to interview v (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | | |
| | Refer to interview v 4:15pm. | vith another MA on 05/16/22 at | | | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | | |
| | Refer to telephone Administrator on 05 | | | | | | |
| | Refer to telephone Owner/Licensee or | interview with the n 05/17/22 at 4:27pm. | | | | | |

| Division of Health Service R | egulation | | | FURI | IAPPROVE |
|--|--|-------------------------------|--|--------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
| | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| THE IVITAL CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| PREFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 270 Continued From pa | age 53 | D 270 | | | |
| 05/06/22 (This data revealed: -A home health nur room, assessed headepressed. -After calling 911 to hospital for observice room into the hallwa another resident we previously. -Resident #8 was was argumentative. -She got tangled u on her side hitting frame. -She was transport was admitted. Review of Resider dated 05/05/21 reversed asking about anoth to the hospital. -She was foaming heavily. -She then fell to the wall. -There were no ap -She refused her mean -There was admitted. Interview with the mean completed the incide 05/05/21 on 05/164, -On 05/05/22, Resident 2016/22, Resident 2016/2016/22, Resident 2016/2016/2016/2016/2016/2016/2016/2016/ | e running out of her room her resident who was sent out from the mouth and breathing e floor and hit her head on the parent injuries. heal the day before. or change in her behavior. I to the local hospital with a on. medication aide (MA) who dent/accident report dated /22 at 5:50pm revealed: ident #8 was upset because as taken to the hospital on the | | | | |

Division of Health Service Regulation STATE FORM

PRINTED: 06/07/2022 FORM APPROVED

| STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
|---|---|--|---------------------|--|---------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| HE IVY A | AT CLEMMONS | | ADOWBROOK | X MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE | |
| D 270 | Continued From pa | ge 54 | D 270 | | | | |
| | visiting another rest Resident #8 to be s not know what hom was from or who th visit. -Resident #8 came hallway wearing a b and was wrapped in -Resident #8 was h crying asking where -The Scheduler/MA she started moving elevator alcove. -She must have trip because she fell, an head on the frame -She called emerge and Resident #8 was Review of Resident there was no progra related to falls. Review of Resident (PCP) routine visit -The facility staff re several days ago. -Resident #8 denied all extremities well lacerations upon ex -Staff were to moni Attempted telephor responsible party o unsuccessful. | a health nurse in the facility ident and the nurse assessed ident and the nurse assessed ident and the nurse assessed ident and the nurse assessed; she did ide health agency the nurse e nurse was in the facility to out of her room into the ora and an incontinence brief in her bed comforter. ollering, screaming, and e the other resident was. a tried to calm her down and backwards towards the Oped over her comforter in to to the hospital. a #8's progress notes revealed as sent out to the hospital. a #8's primary care provider's note dated 05/05/22 revealed: ported Resident #8 had a fall d pain and was able to move | | | | | |

STATE FORM

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If continuation sheet 55 of 239

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
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| | | HAL034150 | B. WING | B. WING | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | X MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 270 | Continued From pa | ge 55 | D 270 | DEFICIENC | Υ) | |
| | 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 w (PCA) on 05/16/22 | vith a personal care aide at 2:00pm. | | | | |
| | Refer to interview w 4:15pm. | vith another MA on 05/16/22 a | t | | | |
| | | interview with Resident #8's ler (PCP) on 05/13/22 at | | | | |
| | Refer to telephone Administrator on 05 | | | | | |
| | Refer to telephone Owner/Licensee on | interview with the 05/17/22 at 4:27pm. | | | | |
| | revealed: | on 05/13/22 at 1:17pm high fall risk when she was | | | | |
| | first admitted to the -Staff monitored he | | | | | |
| | of Resident #8's fal | | | | | |
| | for 2 days or so afte | e been 15 to 30-minute checks er Resident #8's falls, and the e been documented in her | | | | |
| | 12:24pm revealed: | cheduler/MA on 05/13/22 at duties of the Resident Care | | | | |
| ision of H | | until a RCC was hired. | | | | |

| STATE MENUTOR DE PERCENCIONA AND PLANOF CORRECTION AND PLANOF CORRECTION AND PLANOF CORRECTION A BULLING (CX) PROVIDERS UNPRIERCUL IDENTIFICATION NUMBERS HALO34150 (CX) PLOYONERSUMPLIERCUL B. WING (CX) PLOYONERSUMPLIENCUL B. WING (CX) PLOYONERSUMPLIENCUL | Division of Hea | alth Service Re | equlation | | | FORM | IAPPROVE |
|--|--|---|---|--------|------------------------|---------------|----------|
| HAL034150 B: WMC ODE ODE NME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE STREET ADDRESS, CITY, STATE, ZP COURT STREET ADDRESS, CI | STATEMENT OF DE | EFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | | |
| Inductive Inductive MARE OF PROVIDER OR SUPPLIC STREET ADDRESS, CTV. STATE, ZIP CODE Status Status MALE OF PROVIDER OR SUPPLIC STREET ADDRESS, CTV. STATE, ZIP CODE MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX MALE OF PROVIDER S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLEX D 270 Continued From page 56 D 270 D 371 Continued From page 56 D 270 -All resident was placed on or SCIONC22. D 270 -There was no increase in supervision for There HA all MAN SAN WHE THE ACTION SHOULD AND HADDREST PLAN OF CORRECTIVE ACTION SHOULD AND HADDREST PLAN OF CORRECTIVE ACTION SHOU | | | | B WING | | | |
| B12 MEAD/BUBCK MALL COURT CLEMMONS, Nr. 27312 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY PULL (EACH CORRECTIVE ACTION SHOULD BE REQUARDRY OR US CIDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY) DS/ID D 270 Continued From page 56 D | | | | | | 05/ | 1772022 |
| THE INVALIDATIONS CLEMMONS, NC 27012 OWIDE PREFIX TXG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ONLST GE PREFICIENCY RECULTIONY OR USD GENERIFYING INFORMATION) ID PREFIX RECULTIONY OR USD GENERIFYING INFORMATION) ID PREFIX TAG PROVIDENS PLAN OF CORRECTION (EACH CONRECTING OF DISINGLAD BE (EACH CONRECTING OF DISINGLAD BE CONSERVED AND INFORMATION) ID PREFIX TAG PROVIDENS PLAN OF CORRECTION (EACH CONRECTING OF DISINGLAD BE (EACH CONRECTING OF DISINGLAD BE CONSERVED AND INFORMATION) ID PREFIX TAG PROVIDENS PLAN OF CORRECTION (EACH CONRECTING OF DISINGLAD BE (EACH CONRECTING OF DISINGLAD BE CONSERVED AND INFORMATION) ID PREFIX TAG D 270 Continued From page 56 -She did not remember Resident #8 having any falls in March 2022, but she had 4 of 5 falls in April 2022 and one on 05/05/22. -All resident was checked on nevery hour. -After a fall, Just the document once on each shift the resident was checked on for a 72-hour period. -There was no increase supervision shaft checked on the resident #05 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 thad a fall or returned from the hospital with any medication changes, the resident. -She did not know if interviewed 15-minute, 30-minute or hourly checks and she did not know if interviewed 15-minute, 30-minute or hourly checks and she did not know if interviewed 15-minute, 30-minute or hourly checks prior to being admitted to the hospital on 05/03/22. Interview with a PCA on 05/16/22 at 2:00pm revealed: Interview with a PCA on 05/16/22 at 2:00pm <td>NAME OF PROVIDE</td> <td>ER OR SUPPLIER</td> <td></td> <td></td> <td></td> <td></td> <td></td> | NAME OF PROVIDE | ER OR SUPPLIER | | | | | |
| PREFIX TAG CECH CORRECT MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) 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. D 270 -After a fall, MAs were to document once on each shift the resident was checked on for a 72-hour period. D 270 -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 sprogress 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 did not know if interventions or increased augervision was put in place for Resident #8 prior to her employment. -She did not know if interventions or increased augervision was put in place or Resident #8 prior to her employment. -She did not know if interventions or inforeased augervision was put in place or Tesnitute, 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: | THE IVY AT CL | EMMONS | | | | | |
| TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE 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 no en 05/05/22. D 270 -All residents were checked on every hour. -All residents 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 PCP after a fall and the PCP Iol Mer to increase supervision; that's when the MAs started documenting once on each shift for 72 hours. -There was no increases in supervision; that's when the MAs started documenting once on each shift for 72 hours. -The Z 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 received 15-minute, 30-minute or hourly checks. -She did not know if interventions or increased supervision was put in place for Resident #8 had interventions in place on resident #8 had interventions in place on t5-minute, 30-minute or hourly checks. -She did not know if Resident #8 had interventions in place on resident #8 had interview with a PCA on 05/16/22 at 2:00pm revealed: | | | | | | | |
| -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 > PCP after a fail 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 was 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 yeached 15-minute, 30-minute, or hourly checks on the resident. -She did not know if nesident received 15-minute, 30-minute or hourly checks. -She had worked at the facility for about 3 weeks and she did not know if nesident #8 hading the prior to her employment. -She did not know if Resident #8 hading the prior to her employment. -She did not know if Resident #8 hadin the privation was on 15-minute, 30-minute or hourly checks. | | | | | CROSS-REFERENCED TO TH | E APPROPRIATE | |
| 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 toil 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. Interview with a PCA on 05/16/22 at 2:00pm revealed: | D 270 Conti | nued From pa | age 56 | D 270 | | | |
| | falls i April -All re -After shift t perioo -Ther reside check -Prior conta PCP the M for 72 -The docur Interv revea -If a r hospi reside includ on the -She and s supel to her -She interv 30-m admit | n March 2022 2022 and one esidents were r a fall, MAs w the resident we d. re was no incre- ents after a fal- ked on the resident told her to incre- to the new Re- acted Resident told her to incre- to the new Re- acted Resident told her to incre- told not know in- remployment. did not know in- rentions in plac- inute or hourly the d to the hose- view with a PC aled: | , but she had 4 or 5 falls in on 05/05/22. checked on every hour. ere to document once on each as checked on for a 72-hour ease in supervision for II, just the documentation staff ident during the shift. CC starting at the facility, she t #8's PCP after a fall and the rease supervision; that's when cumenting once on each shift cs should have been resident's progress notes. RCC on 05/13/22 at 1:44pm fall or returned from the edication changes, the d on a 72-hour watch which by 30-minute, or hourly checks a resident received 15-minute, y checks. t the facility for about 3 weeks by if interventions or increased it in place for Resident #8 prior if Resident #8 had ce or was on 15-minute, y checks prior to being spital on 05/05/22. cA on 05/16/22 at 2:00pm | | | | |

Division of Health Service Regulation STATE FORM

| Division | of Health Service R | egulation | | | FORM APPROVEI |
|---------------|-------------------------------------|--|----------------|--|-------------------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | or connection | IDENTIFICATION NOMBER. | A. BUILDING: | ······································ | |
| | | HAL034150 | B. WING | | R 05/17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | |
| | | 6010 MEA | DOWBROOM | MALL COURT | |
| THEIVY | AT CLEMMONS | CLEMMO | NS, NC 2701 | 2 | |
| (X4) ID | | | ID | | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE DATE |
| D 270 | Continued From pa | age 57 | D 270 | | |
| | not remember whe | en. | | | |
| | -There were times | when Resident #8 told her she | | | |
| | | en up by herself or that she fell | | | |
| | the day before. | | | | |
| | | en Resident #8 reported a fall | | | |
| | to her. | told to increase supervision or | | | |
| | | different for Resident #8. | | | |
| | | residents every 2 hours and | | | |
| | | dents with greater incontinence | | | |
| | needs. | | | | |
| | Interview with anot | her MA on 05/16/22 at 4:15pm | | | |
| | revealed: | | | | |
| | -She remembered | Resident #8 falling in her | | | |
| | | ed on her left side, but she did | | | |
| | not remember the | | | | |
| | | IS and Resident #8 was sent | | | |
| | out to the hospital. | about the other times Resident | | | |
| | | nembered once staff were told | | | |
| | | 20-minute checks on Resident | | | |
| | | nented the checks on a piece | | | |
| | of paper. | | | | |
| | -She did not know | where the documentation was. | | | |
| | Telephone interviev | w with Resident #8's PCP on | | | |
| | 05/13/22 at 4:20pm | n revealed: | | | |
| | | requent falls and had a | | | |
| | wheelchair due to I | | | | |
| | | sutures over one of her eyes | | | |
| | Resident #8 had fa | from a fall, but she could not remember the date Resident #8 had fallen | | | |
| | | -When she came to the facility to take out the | | | |
| | | #8 had already taken the | | | |
| | | e facility had not notified her. | | | |
| | | t contact her when Resident #8 | | | |
| | | out when she came to the | | | |
| | facilty each week. | facility staff to call her when a | | | |
| ivision of H | ealth Service Regulation | | | | |
| | | | 6899 | 15444 | If continuation shoot 58 of 2 |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|--|---------------------------|--|----------------------------------|-------------------------|
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 270 | Continued From pa | age 58 | D 270 | | | |
| | resident fell and to fall risks. | monitor residents who were | | | | |
| | 05/16/22 at 1:24pm -After a fall, resider box" which included checks for 72 hours -She did not know i put in place for Res in the "hot box" to b 15-minutes for 72 h Telephone interview 05/17/22 at 4:27pm -He expected staff in place to reflect p further falls and to b Resident #8. -Interventions shou an increase in supe in place after each -There should have completed for residents months which resu scalp, a facial lacer laceration, 4 closed skin tear to her fing pain in her left thigh her head when she previous fall. This f | nts were placed in the "hot d providing 15-minute safety s. if there were any interventions sident #8 or if she was placed be checked on every nours after any of her falls. w with the Owner/Licensee on a revealed: to put an appropriate care plan roactive measures to prevent increase supervision for and have been discussed and ervision should have been put | | | | |
| | | d a plan of protection in . S. 131D-34 on 05/16/22. | | | | |

| Division | of Health Service Re | aulation | | | FORMA | PPROVED |
|--------------------------|--|---|---------------------|--|----------------------|--------------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE S COMPL | ETED |
| | | HAL034150 | B. WING | | R 05/17 | 7/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | NS, NC 270 | K MALL COURT 12 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| D 270 | Continued From pa | ge 59 | D 270 | | | |
| | | TE FOR THE TYPE A1 . NOT EXCEED JUNE 16, | | | | |
| D 273 | 10A NCAC 13F .09 | 02(b) Health Care | D 273 | | | |
| | | 02 Health Care I assure referral and follow-up and acute health care needs | | | | |
| | This Rule is not me TYPE A1 VIOLATIO | - | | | | |
| | reviews, the facility follow-up to meet the sampled residents (to failure to notify w (PCP) when a resident of pain and injuries resident coughing a meals (#6); for a resident behavior and medic related to referrals f infusions for a weak and an endocrinological | ons, interviews and record failed to ensure referral and he healthcare needs for 5 of 6 (#1, #4, #5, #6 and #8) related ith the Primary Care Provider lent had continual complaints of unknown origin (#1); for a and gagging when consuming sident with changes in cation refusals (#8); and for physical therapy and kened immune system (#4); gist referral for diabetic pllow-up with the PCP for ars (#5). | | | | |
| | The findings are: | | | | | |
| | 04/07/22 revealed: -Diagnoses include dementia, anemia, disease stage 4, ga | ent #1's current FL2 dated d cerebral ischemia, vascular hypertension, chronic kidney stroesophageal reflux dism, abdominal aortic | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. DOILDING. | | Б | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 273 | Continued From pa | ge 60 | D 273 | | | | |
| | (COPD), coronary a oxygen and depres -The resident was a -The resident was a of bladder and bow | constantly disoriented. semi-ambulatory, incontinent el. red personal care assistance | | | | | |
| | 03/07/22 revealed: -Diagnoses include dementia, occlusion disease and solitary -The resident was i semi-ambulatory us self-propel. -The resident was i bowel. | t #1's previous FL2 dated d cerebral ischemia, vascular n and stenosis, chronic kidney y pulmonary nodules. ntermittently disoriented, sing a wheelchair to ncontinent of bladder and for physical (PT) and herapy. | | | | | |
| | 04/14/22 revealed t needing supervision | t #1's Care Plan dated the resident was assessed as n only with eating, toileting, g, dressing, groom/personal erring. | | | | | |
| | 03/08/22 revealed: -Someone must as and eating. -The resident was e staff for dressing, b and transferring. -Resident #1's cogr psychiatric symptor least once a week i | nealth agency note dated sist the resident with grooming entirely dependent on facility athing, toileting, ambulation nitive behavioral and ns that were demonstrated at ncluded: d failed to recognize familiar | 3 | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|--------------------------|--|-----------------------------------|--------------------|
| | 0. 00 | | A. BUILDING: | | | |
| | | HAL034150 | 34150 B. WING | | R 05/17/202 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM NS, NC 2701 | MALL COURT | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | COMPLE |
| D 273 | Continued From pa | ge 61 | D 273 | | | |
| | past 24 hours. -The resident had s supervision was red -The resident had in was unable to perfor (ADLs) appropriate jeopardized through a. Review of a hom revealed: -The therapist notic behind the knee on -The medication aid | mpaired decision making and form Activities of Daily Living ly and her safety was in her actions. e health note dated 04/12/22 red the resident had bruising | | | | |
| | home health notes documentation in R resident had bruise | #1's progress notes and revealed there was no esident #1's record that the s or that the therapist had e of the resident's bruises or | | | | |
| | 05/17/22 at 7:30pm -She was unable to -She would have to -The resident was a ambulation and trai -On 04/12/22, she of Resident #1's right -The bruise was da -She told the medic big bruise on the ba -The MA responded and check it out"? -She waited for the to the room during | get Resident #1 out of bed. physically move the resident. a 2 to 3 person assist with asferring. observed a bruise behind knee. rk in color. cation aide (MA) there was a ack of the resident's right knee. d, "do you want me to come MA, but the MA did not come her visit. st administering pain | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|---|----------------------------|--|-----------------|--------------------|
| | | | | | R | |
| | | HAL034150 | B. WING | | 05/ | 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701: | MALL COURT | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ge 62 | D 273 | | | |
| | medication adminis -She got tired of wa room and she left t | aiting for the MA to come to the | | | | |
| | dated 04/15/22 at 2 -The resident's leg | t #1's incident/accident report 2:00pm revealed: looked out of place. ot remember what happened | | | | |
| | report dated 04/15/ -At 2:16pm, the EN resident was obser non-ambulatory. -The resident had a | gency Medical Services (EMS) 22 revealed: IS responder documented the ved as being bed bound and an obvious deformity to the | | | | |
| | there was swelling -The staff stated sh observe Resident # | rved behind the right knee and to the leg. ie did not do rounds to f1 all day. eason why she did not observe | | | | |
| | summary dated 04/ -The resident was of situation. -The resident comp | t #1's hospital discharge /15/22 revealed: disoriented to time and plained of pain in the right leg. at the hospital due to leg | | | | |
| | deformity and ques -There was docume EMS they were una occurred. -EMS responders v | tionable right femur fracture. entation staff at the facility told aware of how the deformity vere concerned the resident | | | | |
| | Protective Services | earful and continually said, | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|---|--|---------------------|--|--------------------------------|-------------------------|
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | DOWBROOM | (MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 273 | Continued From pa | ige 63 | D 273 | | | |
| | resident. -A computerized too resident had subtro at the fracture site) and comminuted an midshaft of the righ more pieces). -The only way to co deformity of the fem -It was also found of pulmonary embolis three days. -The resident unde fractures and defor -The resident had of (ORIF) a surgery to deformity of the fem -Resident #1 passe -One contributing of complications result Review of Resident hospital dated 04/1 -When the resident 04/15/22, she was -The resident's left straight up towards -The resident's righ foot) were turned in -The resident's righ as if there was no si Interview with the of 05/12/22 at 9:50 am -When Resident #1 | on 04/15/22, the resident had a m, which delayed surgery for rwent surgery to correct the mity of the femur. open reduction internal fixation of ix severely broken bones. complications that resulted repair the fractures and nur. ed away on 04/26/22. ause of death listed was ting from a femur fracture. t #1's photos submitted by the 5/22 revealed: arrived at the hospital on lying on her back. ying on her back in the bed. leg and foot were pointed the ceiling. tt leg (thigh, knee, ankle and nward toward the left leg. tt leg was flat down on the bed support to hold the leg up. | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|------------------------------------|--|-----------------|--|----------------|--------------------|
| | | | | | | R |
| | | HAL034150 | B. WING | | 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | DOWBROOK | 2 MALL COURT | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET |
| D 273 | Continued From pa | ige 64 | D 273 | | | |
| | fractures. | | | | | |
| | -The resident had t | o undergo surgery on 04/18/22 | | | | |
| | to repair the fractur | | | | | |
| | | surgery for the femur fracture, | | | | |
| | | mplications that contributed to | | | | |
| | the resident's death | n. never sustained the fractures | | | | |
| | | would have been no need for | | | | |
| | | mplications that contributed to | | | | |
| | | would have never occurred. | | | | |
| | -The medical exam | iner listed on Resident #1's | | | | |
| | | e of the causes of death was | | | | |
| | complication of a right | ght femur fracture. | | | | |
| | Telephone interviev | v with Resident #1's Power of | | | | |
| | | 05/10/22 at 1:57pm revealed: | | | | |
| | | otally bed ridden and unable to | | | | |
| | ambulate herself. | - | | | | |
| | | herapist pointed out there | | | | |
| | | e back of the resident's right | | | | |
| | | out later to be a fracture. bed ridden" and unable to | | | | |
| | move herself. | | | | | |
| | | dependent upon facility staff | | | | |
| | for ADLs. | | | | | |
| | -When Resident #1 | went to the hospital the last | | | | |
| | • | unable to recall the exact | | | | |
| | | n told him the resident had two | | | | |
| | fractures. | . | | | | |
| | | I one fracture appeared to be | | | | |
| | | the other fracture was newer. een by the facility's Primary | | | | |
| | | P) one month after the | | | | |
| | resident's admissio | | | | | |
| | | I him that Resident #1 needed | | | | |
| | | a skilled nursing facility. | | | | |
| | | resident required care and | | | | |
| | services that facility | / staff were unable to provide. | | | | |
| | Tolophono inton <i>i</i> iou | v with Resident #1's POA on | | | | |

| | of Health Service Re NT OF DEFICIENCIES I OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | COM | E SURVEY PLETED |
|--------------------------|---|--|---------------------|--|----------------|-------------------------|
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | DOWBROOK | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| D 273 | Continued From pa | ge 65 | D 273 | | | |
| | Resident #1 told hin going to hurt her. -The OT was also p bruises on the back -When he visited th morning, the reside pain. -He had to search f floors at the facility; and asked her to gi pain. -After Resident #1 examiner told him t to the resident's de and other complica result of sustaining Interview with the S 2:57pm revealed: -Resident #1 was b -The resident receir -Resident #1 was a incontinence care a -She was made aw incident on 04/15/2 the hospital with a r -The PCA went in to incontinent brief an -She was not sure, been sitting up earl family. Interview with the S 10:39am revealed: -On 04/15/22, the F resident's leg. | at #1 on 04/12/22, and in that she was afraid staff was present and pointed out the c of the resident's right knee. He resident on 04/13/22 in the ent complained about being in for a staff person on all three he eventually found the MA ve Resident #1 something for passed away, the medical he femur fracture contributed ath because of a blood clot tions that happened as a the fracture. Scheduler/MA on 05/11/22 at wed bound. ved physical therapy. ware when she needed and would ring the call bell. are by the PCAs of the 2, when the resident went to | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|-------------------------------|--|-----------------|--------------------|
| | | | A. BUILDING. | | P | |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | (MALL COURT 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ige 66 | D 273 | | | |
| | -The resident's leg | looked like it was broken and | | | | |
| | turned inside out. | | | | | |
| | | how that happened because | | | | |
| | the resident did not | | | | | |
| | | eally move the resident only to | | | | |
| | change her incontir | | | | | |
| | send the resident o | resident's leg and decided to | | | | |
| | | resident went out to the | | | | |
| | | e week prior to 04/15/22, the | | | | |
| | | d about being in pain. | | | | |
| | | ve the resident tylenol. | | | | |
| | Telephone interviev 05/17/22 at 11:11ar | v with the Scheduler/MA on | | | | |
| | | recall if staff informed her | | | | |
| | | s right leg being swollen. | | | | |
| | | taff saying the resident had | | | | |
| | pain in her leg. | | | | | |
| | | ff to give the resident tylenol, | | | | |
| | | at the resident's leg. | | | | |
| | | g was swollen, the MA should | | | | |
| | | PCP or sent the resident to | | | | |
| | the hospital. | | | | | |
| | the resident was do | up with the MA to inquire how | | | | |
| | | t the resident's PCP. | | | | |
| | | cond shift PCA on 05/13/22 at | | | | |
| | 3:25pm revealed: | opt out on $0.1/15/00$ h = | | | | |
| | | ent out on 04/15/22 because hange the resident, she | | | | |
| | | t's leg did not look right to her. | | | | |
| | | sent out to the hospital and did | | | | |
| | not come back. | | | | | |
| | | stand how the resident's leg | | | | |
| | got injured and no | one knew because it took | | | | |
| | | f to assist the resident with | | | | |
| | incontinent care ne | | | | | |
| | -She did not recall | telling the EMS on 04/15/22 | | | | |

| Division of Health Service Regulation (23) MUTPLE CONSTRUCTION (23) MUTPLE CONSTRUCTION AND PLAN OF CORRECTION (21) PROVIDERSUPPLIERCIAL (22) MUTPLE CONSTRUCTION (23) MUTPLE NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE (20) MUTPLE CONSTRUCTION (20) MUTPLE NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE (20) MUTPLE CONSTRUCTION (20) MUTPLE THE VY AT CLEMMONS 610 MEADOWRROW MALL COURT (20) MUTPLE (20) MUTPLE Continued From page 67 D 273 (20) MUTPLE and the fraction of the content of the conten | Division | of Health Service Re | aulation | | | FORM | APPROVED |
|--|---------------|--|---|-------------------------|---|---------|----------|
| HAL034150 B. WING OS/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP, CITY, STATE, | STATEMEN | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | COMI | PLETED |
| BIT DEPORT OF DEFICIENCIES (PAH) DEPICERVY MUST BALFREENT OF DEPICIENCIES (PAH) DEPICERVY MUST BALFREENT OF DEPICIENCIES (PAH) DEPICERVY TAG PREFIX (PACH DEPICERVY MUST BALFREENT OF DEPICIENCIES (PAH) DEPICERVY (PAH) DEP | | | HAL034150 | B. WING | | | |
| THE IVY AT CLEMMONS CLEMMONS, NC 27012 (X4) ID PRETEX SUMARY STATEMENT OF DEFICIENCIES (EXCH DEFICIENCY MUST BE PRECEDED BY FLU), REGULTORY ON LSC DENTIFYING WFORWATION, PRETEX IP PROVIDERCS FLWA OF CORRECTION, EXCH DEFICIENCY INST BE PRECEDED BY FLU, REGULTORY ON LSC DENTIFYING WFORWATION, TAG D 273 Continued From page 67 D 273 D 273 Continued From page 67 that she had not observe the resident all day. D 273 D 273 -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. D 273 Telephone interview with a first shift PCA on D5/17/22 at 3:14pm revealed: When Resident #1 lived at the facility, it was difficult to care for the resident's night leg. When bying on her back, the resident's night leg. When hying on her back, the noticed something was not right about the resident's night leg. When lying on the back, the noticed the nospital until a week later. The MA was supposed to tell the scheduler/MA. The maint about the nospital 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 like a backwards ''thicken wing.'' She told the Kneeduler/MA and documented on the shift report and progress notes. She had no idee what happened to her documentation. She tod ine was happpened to her documentation. | NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| CLEMMONS, NC 27012 CLEMMONS, NC 27012 CONTREMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S FLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG D 273 D 273 Continued From page 67 D 273 D 273 D PRECENT TAG D 273 D PRECENT TAG D 273 D PRECENT CONSTRETER ACTION SHOULD BE CONSTRETER ACTION SHOULD BE CONSTRETER ACTION SHOULD BE CONSTRETE ACTION SHOULD BE DEFICIENCY C D D D D D D D D D D D D D D D D D D D | THE IVY | AT CLEMMONS | | | | | |
| Principic (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PRETX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OT INFLAMENTION) CONVERTING TAG D 273 Continued From page 67 D 273 D 273 D 273 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. D 273 D 273 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? D 273 When News on prior tabout the resident #1 went out to the hospital on 04/15/22, she noticed something was not right about the resident? sight leg and foot were turned inward. -She told the MA. -The HA was supposed to tell the scheduler/MA. -The MA was supposed to tell the scheduler/MA. -The resident date), she noticed the resident? . 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 is log looked like a backwards "bickien wing." -She told the Scheduler/MA and documented on the shift report and progress notes. -She had no idea what happened to her documentation. | | | | NS, NC 270 ⁻ | 12 | | |
| 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 twas a two person assist. -The resident twas 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 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 lime 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 told the Scheduler/MA and documented on the shift report and progress notes. -She hold ne Scheduler/MA and documented on the shift report and progress notes. -She hold ne Scheduler/MA and bo her documentation. | PRÉFIX | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI | OULD BE | COMPLETE |
| 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 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 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 told the Scheduler/IMA and documented on the shift report and progress notes. -She hold no dida what happened to her documentation. | D 273 | Continued From pa | ge 67 | D 273 | | | |
| -The Scheduler/MA did not tell her what to do. -She did not contact the resident's PCP because | | that she had not ob day. -Sometimes she did every two hours been when caring for the not always have en- until a staff was avain Telephone interview 05/17/22 at 3:14pm -When Resident #1 difficult to care for tt -The resident was a -The resident alway -About one week be the hospital on 04/1 was not right about -When lying on her and foot were turne -She told the MA. -The MA was suppor -The resident did not week later. Interview with a sec 5:10pm revealed: -One week prior to hospital the last tim recall the exact data leg did not look righ -The resident's leg "chicken wing." -She asked the resi resident said yes. -She told the Scheot the shift report and -She had no idea w documentation. -The Scheduler/MA | served or saw the resident all d not observe the resident cause she needed assistance resident and the facility did ough staff, so she had to wait ailable. with a first shift PCA on revealed: lived at the facility, it was he resident. a two person assist. 's complained of pain. efore Resident #1 went out to 5/22, she noticed something the resident's right leg. back, the resident's right leg d inward. besed to tell the scheduler/MA. ot go out to the hospital until a cond shift MA on 05/16/22 at Resident #1 going to the e in April 2022 (unable to e), she noticed the resident's it. looked like a backwards ident if her leg hurt, and the duler/MA and documented on progress notes. hat happened to her | | | | |
| | Division of H | ealth Service Regulation | | | | | |

Division of Health Service Regulation STATE FORM

6899

If continuation sheet 68 of 239

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|--|------------------|--|-----------------|---------------------|--|
| | | | A. BUILDING: | | | - | |
| | | HAL034150 | B. WING | B. WING | | R 17/2022 | |
| AME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PRÉFIX TAG | | YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 273 | Continued From pa | ge 68 | D 273 | | | | |
| | PCP. | she contacted the resident's | | | | | |
| | resident went to the | esident #1 again before the hospital for the last time in 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 | | | | | | |
| | -Resident #1 did no | 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 r would easily sustair -He had not identifie | not fragile to where resident n a broken bone. ed the resident having any d make him believe she was | | | | | |
| | capable of causing -He was not sure R | a break to her own bones. esident #1 had the cognitive or assistance, so staff needed | | | | | |
| | Telephone interview 05/13/22 at 4:03pm | v with Resident #1's PCP on revealed: | | | | | |
| | -The resident was r time she had seen -When she saw Re | new to her; the first and only Resident #1 was on 04/07/22. sident #1, the resident was | | | | | |
| | the bed. | e to get the resident back into | | | | | |
| | resident's leg was s -She wanted to be r | notified if a resident's leg was | | | | | |
| | kidney disease, and -She was in the fac | ility every Thursday, so | | | | | |
| | someone from the f aware the resident's | facility should have made her | | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|--------------------------|--|--|---------------------|---|--------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | |
| | 1 | | ONS, NC 2701 | | | 1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC) | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 273 | Continued From pa | ge 69 | D 273 | | | |
| | Interview with the E Director/Administra revealed: -She started workir -On 04/15/22, the s Resident #1's leg. -When she observe twisted inward. -Staff did not tell he swollen. -The resident did not totally dependent o -She did not know f -Someone should h PCP. Refer to telephone Owner/Licensee on b. Review of Reside 03/14/22 at 4:30pm -Resident #1 was in up. -The resident screat moved. -The OT witnessed Review of Resident (OT) note dated 03 -The OT observed (lying on shoulder t degrees), and unat -The resident "pres extremities. -When moved the r pain. -The had not eaten lunch trays were sti | Executive tor on 05/16/22 at 12:40pm ag at the facility on 04/11/22. Scheduler/MA told her about ed the resident's leg, it was er the resident's leg was of get out of bed and was in staff for all needs. The resident's history. have contacted the resident's interview with the 0.05/17/22 at 4:20pm. ent #1's incident report dated in revealed: in a lot of pain and could not sit amed when right leg was the resident in pain. t #1's occupational therapy /14/22 revealed: Resident #1 was "sidelying" hat is flexed about 90 ble to move herself. ented" with pain in her lower resident tried for increased all day with the breakfast and Il sitting in the room. eat she would have to be | | | | |

| IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|---|--|---|--|
| | HAL034150 | B. WING | | | R 05/17/2022 | |
| PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | TATE. ZIP CODE | | | |
| AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| SUMMARY STA | | | | CORRECTION | (X5) | |
| (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO | FION SHOULD BE THE APPROPRIATE | COMPLET DATE | |
| Continued From pa | ge 70 | D 273 | | | | |
| observed the reside bed was soaked un urine. | ent soaked with urine and her ne with a strong smell of | | | | | |
| Services (EMS) rep -Resident #1 told E dropped two weeks -Upon arrival, EMS | 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 | | | | | |
| 03/23/22 revealed: -The therapist docu "significant pain" at -Tramadol was add administered. -The resident repea me, don't hurt me." | mented Resident #1 was in the right hip. ed for pain control, not sure if atedly stated, "please don't hur | t | | | | |
| 03/28/22 revealed: -The nurse providin #1 was observed ly -The resident contin | g wound care noted Resident ing in bed. nuously complained of pain in | | | | | |
| 03/29/22 revealed: -The therapist note was observed sittin -The resident comp | d upon arrival Resident #1 g up in a wheelchair. lained of pain in bilateral lowe | r | | | | |
| | OF CORRECTION PROVIDER OR SUPPLIER AT CLEMMONS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa -When the OT rolle observed the reside bed was soaked uri urine. -The resident contir Review of Resident Services (EMS) rep -Resident #1 told E dropped two weeks -Upon arrival, EMS Resident #1 was in pain. Review of Resident 03/23/22 revealed: -The therapist docu "significant pain" at -Tramadol was add administered. -The resident repeat me, don't hurt me." -The resident contir the right leg when me Review of Resident 03/29/22 revealed: -The therapist noted was observed sitting -The resident comp | OF CORRECTION IDENTIFICATION NUMBER: HAL034150 HAL034150 PROVIDER OR SUPPLIER STREET AI AT CLEMMONS 6010 ME CLEMMONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 70 -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 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 | OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: | OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL034150 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AT CLEMMONS 6010 MEADOWBROOK MALL COURT SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF (EACH DEFICIENCY USE THE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF (EACH CORRECTIVE AC (COSS-REFERENCED TO DEFICIENCY Continued From page 70 D 273 D PROVIDER'S PLAN OF (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY Continued From page 70 D 273 D PROVIDER'S PLAN OF (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY Continued From page 70 D 273 D 273 D (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY Continued From page 70 D 273 D 273 D (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY Continued From page 70 D 273 D 273 D (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY Continued From page 70 D 273 D (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY D (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY Continue 411 * Some page 70 D 273 D (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY D (EACH CORRECTIVE AC (CROSS-REFERENCED TO DEFICIENCY Review of Resident #1 * Som | OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM HAL034150 B. WING 05/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT AT CLEMMONS E010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION AUDU BE CROSS-REFERENCED TO THE APPROPRIATE DEFIDIENCY Continued From page 70 D 273 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. D 273 -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. D -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. -Tarmadol was added for pain control, not sure if administered. Floatemented Resident #1 was observed lying in bed. -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 r | |

| STATEMEN | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | |
|---------------|--|---|---------------------------|---|----------------|-----------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED |
| | | HAL034150 | B. WING | B. WING | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | K MALL COURT 2 | | |
| (X4) ID | _ | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ige 71 | D 273 | | | |
| | 03/31/22 revealed: | | | | | |
| | | ng wound care noted upon | | | | |
| | arrival Resident #1 | | | | | |
| | lower extremity. | complaining of pain in her right | | | | |
| | | essed increased complaints of | | | | |
| | pain when moving. | ' | | | | |
| | | t #1's home health note dated | | | | |
| | 04/05/22 revealed: | d Resident #1 was lying in | | | | |
| | bed. | a Resident #1 was lying in | | | | |
| | -The resident comp lower extremities. | plained of pain in her right | | | | |
| | | t #1's home health note dated Resident #1 complained of | | | | |
| | 04/07/22 revealed: | t #1's home health note dated | | | | |
| | -The resident comp | lent #1 was lying in bed. Iained of pain in the right ith movement. | | | | |
| | -Resident #1 was n | noaning and yelling with pain. | | | | |
| | | t #1's progress notes, nurses | | | | |
| | note and shift repor | rts revealed: umentation the resident had | | | | |
| | | complained she was in pain. | | | | |
| | | umentation the resident's PCP | | | | |
| | | ne resident frequently cried out | t I | | | |
| | that she was in pair | n. | | | | |
| | | t #1's electronic medication | | | | |
| | April 2022 revealed | rds (eMARs) for March and l: | | | | |
| | -There were only tv | vo documented dates | | | | |
| | | 3/22) the resident was | | | | |
| | ealth Service Regulation | needed pain medication. | | | | |

Division of Health Service Regulation STATE FORM
| Division of Health Service | Regulation | | | FORM | APPROVED |
|--|---|-------------------------------|---|---------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | E CONSTRUCTION | | E SURVEY PLETED |
| | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF PROVIDER OR SUPPLIE | R STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY AT CLEMMONS | | | K MALL COURT | | |
| | CLEMMO | ONS, NC 2701 | 2 | | |
| PREFIX (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 273 Continued From | page 72 | D 273 | | | |
| -On 04/13/22, the pain medication. | e resident's POA asked for the | | | | |
| 05/17/22 at 7:30p -On 03/14/22, she was in pain. -The MA said the of pain all day, so resident to the ho -Most times it was when she visited -If she found a sta was in pain. -She did not sugg medication becau medication becau medication admir resident's PCP. Interview with the 9:22am revealed: -During her initial 04/07/22, she obs non-ambulatory a for all ADL care n -No one had ever continually cried of -Had she known f would have order fractures had occ -Had facility staff | e told the MA that Resident #1 resident had been complaining o she was going to send the spital. s always difficult to find staff the facility. aff, she told staff the resident gest administering pain use staff had to determine the histered and/or follow-up with the facility's PCP on 05/12/22 at visit with Resident #1 on served the resident was and dependent upon facility staff eeds. made her aware the resident but in pain. the resident was in pain she ed an x-ray to ensure no | | | | |
| 05/12/22 at 2:56p -Before she ever her the resident a | Home Health Nurse on om revealed: met Resident #1, the staff told lways cried out in pain. e resident was in pain, but did | | | | |
| | f gave the resident pain | | | | |

Division of Health Service Regulation STATE FORM

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · , | | | E SURVEY PLETED |
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| | | | | | | R |
| | | HAL034150 | B. WING | | 05/ | 17/2022 |
| AME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOP DNS, NC 2701 | (MALL COURT 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | THE APPROPRIATE | COMPLE DATE |
| D 273 | Continued From pa | ige 73 | D 273 | | | |
| | was in pain and sta -Staff said "you bar she had pain". -The staff said the r always said she ha -Her concern was t -The staff was unal dining room becaus moved or touched. Telephone interview 05/16/22 at 3:26pm -Resident #1 was to ambulate herself. -When he visited th morning, the reside pain. -When requesting p #1, he had to search three floors at the fa- -He eventually foun give Resident #1 so -When he visited R come to the room, she needed someth Interview with the S 10:39am revealed: -A week before the hospital (around 04 resident complaine -She told staff to gir -Prior to that, no on complaining about | he resident lying in bed a lot. ble to take the resident to the se she did not want to be w with Resident #1's POA on a revealed: btally bed ridden and unable to the resident on 04/13/22 in the ent complained about being in bain medication for Resident th for a staff person on all acility. the MA and asked her to be the the tresident or ask if hing for pain. esident #1, he never saw staff check on the resident or ask if hing for pain. Scheduler/MA on 05/16/22 at resident went out to the log/08/22), staff told her the d about being in pain. we the resident tylenol. the told her about the resident being in pain. | | | | |
| vicion of LL | complaining about -She did not check the tylenol. | | | | | |

| | Ilation | | | | APPROVED |
|---|--|---------------------|--|-------------|--------------------------|
| Division of Health Service Regu STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION (X | (1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED |
| | HAL034150 | B. WING | | | R 1 7/2022 |
| NAME OF PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| THE IVY AT CLEMMONS | | | MALL COURT | | |
| | | ONS, NC 27012 | | | |
| PREFIX (EACH DEFICIENCY MU | MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLETE DATE |
| D 273 Continued From page | 74 | D 273 | | | |
| 05/12/22 at 3:52pm ref-Resident #1 was non person assist when prof-The resident always of towards moving her burchesident #1 complain right hip. The resident could not because of pain. The resident previous side. Resident #1 always of and pain in her right hip. The resident previous side. Resident #1 always of and pain in her right hip. The resident did not I because of the pain. He was not sure Rest ability to ask for pain rabout medication for profile the resident repeated: The resident repeated: The resident repeated: The resident repeated: She reminded her of because she continuation. She did not tell the M complained about pain resident was just sayin. The resident complained about pain resident was just sayin. She sometimes told to complained of pain but the resident was not really. The resident was not really. The resident was a two she did not understation of the pain but the resident was a two she did not understation of the pain but the resident was not really. | evealed: -ambulatory and was a two roviding care. expressed fear and anxiety ody. ned a lot about pain in her of move her right side sly had a stroke on her right expressed a fear of falling ip. ike to move her right leg ident #1 had the cognitive medication or even knew bain. Id shift PCA on 05/13/22 at dly complained that she she touched her. someone with Alzheimer's Illy repeated "don't hurt me.' A when the resident n because she thought the ng she was in pain. ned about being in pain ed to the facility. d the resident" she said that the MA when the resident th not every time because titive, and she thought the | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
|---------------|--|---|-----------------|--|-----------------|--------------------|
| | | | B. WING | | R | |
| | | HAL034150 | D. WING | | 05/ | 17/2022 |
| AME OF F | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | |
| HE IVY | AT CLEMMONS | | DNS, NC 2701 | MALL COURT | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ige 75 | D 273 | | | |
| | resident with incont | inent care needs. | | | | |
| | Interview with a firs | t 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 nain | | | | | |
| | pain. -The resident was i | n hed at times | | | | |
| | | s screamed when someone | | | | |
| | touched her. | | | | | |
| | -She did not really blame staff for not knowing the resident's leg was broken because the resident | | • | | | |
| | | me continually complained of | | | | |
| | pain. | did not want "us" (PCAs) to | | | | |
| | -"You would think s | omething was wrong with the | | | | |
| | | e screamed all the time." | | | | |
| | she was screaming | sident first came to the facility, | | | | |
| | | to see the resident on | | | | |
| | | ent was screaming she was in | | | | |
| | pain. -She did not know i | f it was because of her leg or | | | | |
| | just the resident sc | | | | | |
| | | l always say, "I am in pain, I'm | | | | |
| | was a "dementia th | ' but she did not know if that | | | | |
| | | MA when the resident said | | | | |
| | | cause she did not know if the | | | | |
| | resident really was | | | | | |
| | very stiff. | y was contracted and she was | | | | |
| | -When she tried to | open the resident's legs to | | | | |
| | | ce care it was hard to the get | | | | |
| | ner legs open and t | the resident cried it hurt. | | | | |
| | Telephone interview | v with a first shift PCA on | | | | |

| | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|-----------------|--|-----------------|--------------------|
| | | | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | - PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET |
| D 273 | Continued From pa | age 76 | D 273 | | | |
| | pain and would say -She told the MA will she was in pain and -The MA would say a previous hip repla -She did not know i pain medication. Interview with a sec 5:10pm revealed: -Resident #1 would me." -You could look at t "don't hurt me." -Resident #1 alway -The resident ment for pain medication -She did not give th she complained ab -She did not contact resident complaine -She did not docum give the resident par resident always cor -She could tell if the judging the residen -The resident had a not give the as nee -She was unable to when she gave Res medication for pain -Once she told the resident being in par | s complained about being in r "don't hurt me." hen the resident complained d/or her leg was hurting. r the resident had trauma from accement that caused the pain. if the MA gave the resident cond shift MA on 05/16/22 at I always say to her "don't hurt the resident and she would say rs yelled that she was in pain. cally was not capable of asking the pain medication each time out being in pain. the resident's PCP when the d about being in pain. the resident was really in pain by t's facial expression. a scheduled tylenol, so she did ded pain medication for pain. o recall how many times, if any sident #1 as needed scheduler/MA about the | / r , | | | |
| | contacting the resid | | | | | |
| | 05/17/22 at 10:35a | | | | | |

OJR111

If continuation sheet 77 of 239

| STATEMEN | of Health Service Re T OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | SURVEY |
|-------------------|---|--|-----------------|--|-----------------|-----------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | | | COM | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | | | MALL COURT | | |
| THE IVY / | AT CLEMMONS | CLEMMC | NS, NC 2701 | 2 | | |
| (X4) ID PREFIX | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET |
| TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | DATE |
| D 273 | Continued From pa | age 77 | D 273 | | | |
| | -Resident #1 was " | bedridden." | | | | |
| | | not get out of bed without at | | | | |
| | least 2 people assis | | | | | |
| | | try to re-position herself in the | | | | |
| | | y unsuccessful to move her | | | | |
| | body. -Resident #1 would always say to her "don't hurt | | | | | |
| | me, don't hurt me." | | | | | |
| | | l always say she was in pain. | | | | |
| | | lember if she had ever given | | | | |
| | the resident any me | • | | | | |
| | -If she did not document that she gave pain | | | | | |
| | medication, then she probably did not give the | | | | | |
| | resident pain medic | | | | | |
| | | for pain was repetitive so she resident was truly in pain. | | | | |
| | | ry for pain was because the | | | | |
| | | nt to be touched or moved. | | | | |
| | | the resident's PCP that the | | | | |
| | | plained about being in pain. | | | | |
| | • | w with Resident #1's PCP on | | | | |
| | 05/13/22 at 4:03pm | | | | | |
| | | cility every Thursday, and no | | | | |
| | continually complai | ad informed her the resident | | | | |
| | j . | notified if a resident was | | | | |
| | constantly complain | | | | | |
| | j 1 | e facility should have made her | | | | |
| | | ent's complaint about pain. | | | | |
| | Interview with the E | Executive | | | | |
| | | ator on 05/16/22 at 12:40pm | | | | |
| | revealed: | | | | | |
| | | ot get out of bed and was | | | | |
| | | n staff for all needs. | | | | |
| | -If the resident was medication should | in pain, an as needed pain | | | | |
| | | tion did not help, then the PCP | | | | |
| | should be notified. | מסח מוע חטג חפוף, נוופוז נוופ דעד | | | | |
| vision of He | | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|---|------------------|---|-----------------|--------------------|
| | | | | | R | |
| | | HAL034150 | B. WING | | | 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | _ | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ige 78 | D 273 | | | |
| | | ocumentation to show ministered and the PCP was | | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:20pm. | | | | |
| | 06/14/21 revealed of schizoaffective disc | ent #6's current FL2 dated diagnoses included order, vitamin D deficiency, astroesophageal reflux | | | | |
| | summary dated 07/ -The reason for the into the airway and | hospital visit was aspiration | | | | |
| | | t #6's orders dated 07/22/21 or a speech therapy evaluatior n swallowing. | 1 | | | |
| | dated 07/30/22 due | t #6's orders revealed an order to quarantine measures the aluation could be delayed until 21 to 08/13/21. | | | | |
| | 08/09/21 for speecl treatment for esoph | t #6's orders revealed dated h therapy evaluation and nageal and oral dysphagia for and education and strategies. | | | | |
| | evaluation results d -The therapist docu -The resident comp | t #6's speech therapy lated 08/09/21 revealed: imented as follows: plained of ongoing difficulty ng, and vomiting up her food | | | | |

| Division of Health Service R | egulation | | | | APPROVE | |
|--|--|-------------------------------|--|---------------|--------------------------|--|
| TATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
| | HAL034150 | B. WING | | | R 5/17/2022 | |
| IAME OF PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| | 6010 ME | ADOWBROOK | MALL COURT | | | |
| THE IVY AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| PREFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | ION SHOULD BE | (X5) COMPLETE DATE | |
| D 273 Continued From pa | age 79 | D 273 | | , | | |
| The resident said day because the kill or make it softer. The resident had a controlled and was The resident need treatment and more reducation was profacility's dietitian (k swallowing strategie). The recommendation medications one piese if desired. Education, recommendation order for the Resident Care Review of Resident notes, and electror record (eMAR) door and electror record (eMAR) door an otified the resident care Choked when constructed a pureee Observation of the 12:32pm revealed: Resident #6 was a sprouts, stuffing, a -For a beverage sh -She was able to e difficulty, coughing | she ate oatmeal three times a tchen could not puree her food dysphagia that was poorly at risk for aspiration. led frequent adjustments in itoring. ovided to facility staff and the itchen manager) pertaining to es. tions were to administer II at a time. ended was mechanical soft and mendations and requested dysphagia goals were left with Coordinator (RCC). t #6's progress notes, nurse's nic medication administration sumentation the resident's PCP sident gagged, coughed and uming meals. umentation the resident section died. lunch meal on 05/10/22 at served chopped turkey, brussel dinner roll, a bowl of oatmeal. ne was served a glass of water. at independently without or gagging. lunch meal on 05/12/22 at | | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|---------------|---|--|-----------------|--|----------------|---------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | |
| THEIVY | AT CLEMMONS | CLEMMC | NS, NC 2701 | 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | IE APPROPRIATE | COMPLETE DATE |
| D 273 | Continued From pa | ge 80 | D 273 | | | |
| | and a nutritional sha -She ate half of her her rice. -She picked all the vegetables and ate -She ate all her oat -She did not have a the consumption of Interview with Resid 10:08am revealed: -She ate oatmeal th needed soft foods. -She had scarring of previous illness. -Due to the scarring eating foods that we sometimes coughe -She had even had foods back up beca esophagus. -She had been to th difficulty swallowing -The Dietary Manag unable to puree her did not have an ord ate oatmeal at ever would have someth -If the meal consists peanut butter, she w -She was concerne nutritionally balance -She was unable to for a pureed meal. | e was served a cup of water ake. chopped chicken and half of diced carrots from her mixed those. meal and chocolate cake. any coughing or gagging during ther meal. dent #6 on 05/10/22 at aree times daily because she on her esophagus from a g on her esophagus, when ere not soft in texture, she d, choked and gagged. episodes of vomiting her ause it bothered her the hospital last year due to g. ger (DM) told her that he was r meal because the resident ler for a pureed diet, so she y meal to ensure that she ing to eat. ed of soft vegetables or was able to eat the meal. ods pureed because then she at all the meal. ed about consuming a | | | | |
| Division of H | therapist, but she w ealth Service Regulation | as unable to recall if the | | | | |

Division of Health Service Regulation STATE FORM

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| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|---|-----------------|---|-----------------|--------------------|
| | or contraction | | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ige 81 | D 273 | | | |
| | -She had not talked provider (PCP) abo | nded a specific diet. d with her primary care but getting a pureed diet aid he was unable to puree her | | | | |
| | 12:50pm revealed: -She did not eat all beans and corn on was too tough or ha swallow. -She previously ask because it was soft -Her lunch filled her hungry. -She did not drink h | dent #6 on 05/12/22 at her chicken, rice, or the green 05/12/22, because the texture ard for her to chew and ked for oatmeal at every meal t and easier for her to eat. r up and she was no longer her nutritional shake because at back to her room with her. | | | | |
| | revealed: -He started working and at that time the Resident #6 a bowl because the previo meat for one perso -He told the staff th regular chopped me so that she could h -He tried to chop up extra because he k -He had mentioned Administrators that different diet order the chopped meats | DM on 05/12/22 at 1:00pm g at the facility in October 2021 by had only been serving of oatmeal at every meal us cook did not want to chop n's meal. ey needed to serve her a eat meal plate at every meal ave variety in her diet. o Resident #6's meats a little mew that she needed it. I to one of the previous Resident #6 needed a because she had trouble with s, but with there being so many stration, Resident #6 never | | | | |
| | received a new diet | | | | | |

OJR111

If continuation sheet 82 of 239

| | of Health Service Re | | | CONCEPTION | (A) D | | |
|-------------------|---------------------------|---|-----------------|--|-----------------|--------------------|--|
| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
| | | | | | | R | |
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET | |
| TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO 1 | THE APPROPRIATE | DATE | |
| | | | | DEFICIENC | Y) | | |
| D 273 | Continued From pa | ige 82 | D 273 | | | | |
| | -Resident #6 had e | pisodes of coughing and | | | | | |
| | gagging when cons | | | | | | |
| | | he person to follow-up with the | | | | | |
| | | arding the coughing and | | | | | |
| | gagging when cons | suming meals. | | | | | |
| | -He told the previou | us Administrator, but nothing | | | | | |
| | was done. | | | | | | |
| | | sident wanted pureed foods, | | | | | |
| | | der for a pureed diet. | | | | | |
| | | en an order for a pureed diet | | | | | |
| | then he would pure | e Resident #6's meal. | | | | | |
| | Interview with a sec | nterview with a second shift medication aide | | | | | |
| | (MA) on 05/16/22 a | | | | | | |
| | | n foods that Resident #1 ate at | | | | | |
| | every meal. | | | | | | |
| | | /s requested oatmeal. | | | | | |
| | | she observed Resident #1 | | | | | |
| | her meal. | got choked after consuming | | | | | |
| | | happened, the MA was | | | | | |
| | | the resident's PCP and put a | | | | | |
| | | to let every know what was | | | | | |
| | going on with the re | | | | | | |
| | | it to anyone because the | | | | | |
| | resident told her that | at she got strangled. | | | | | |
| | | nent the incident and she did | | | | | |
| | not contact the resi | | | | | | |
| | | he resident had weight loss, | | | | | |
| | because the reside | nt had always been thin. | | | | | |
| | Interview with a MA | on 05/16/22 at 4:35pm | | | | | |
| | revealed: | • | | | | | |
| | -Resident #6 gagge | ed a lot when consuming | | | | | |
| | meals. | | | | | | |
| | | plained about gagging and | | | | | |
| | | r the pain in her throat. | | | | | |
| | | s ate oatmeal at dinner meals | | | | | |
| | | policy that during mealtimes | | | | | |
| | lealth Service Regulation | ne dining room and the MAs | | | | | |

Division of Health Service Regulation STATE FORM

| | IT OF DEFICIENCIES OF CORRECTION | egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|-------------------------------------|--|-----------------|--|-----------------|--------------------|
| | | HAL034150 | B. WING | | R | |
| | | | | | 05/ | 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | | | |
| THE IVY | AT CLEMMONS | | NS, NC 2701 | MALL COURT | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ige 83 | D 273 | | | |
| | stayed on the floor. | | | | | |
| | | g about the resident gagging | | | | |
| | | n consuming meals within the | | | | |
| | past three weeks. | | | | | |
| | | rsonal care aides (PCAs) told her Resident #6 was | | | | |
| | | ing in the dining room. | | | | |
| | | (unable to recall the exact | | | | |
| | date) she was told | the resident was gagging and | | | | |
| | | ing when consuming meals. | | | | |
| | | RCC about the resident's | | | | |
| | | ing, it would have been the | | | | |
| | | y to notify the resident's PCP. have an RCC from March | | | | |
| | | so she did not notify anyone. | | | | |
| | | he had told the resident's PCP | | | | |
| | but was unable to r | | | | | |
| | | resident's PCP, she would | | | | |
| | | n the resident's record or on | | | | |
| | the progress note. | | | | | |
| | notified the residen | cumentation, she had not t's PCP. | | | | |
| | | v with a third MA on 05/17/22 | | | | |
| | at 11:07am reveale | a: came upstairs and told her that | | | | |
| | | the dining room choking on | | | | |
| | her food. | | | | | |
| | | nstairs, the resident had | | | | |
| | stopped choking ar | | | | | |
| | | t the resident's PCP and she | | | | |
| | | ne incident in the resident's | | | | |
| | record. | | | | | |
| | Interview with a firs | t shift PCA on 05/16/22 at | | | | |
| | 1:29pm revealed: | | | | | |
| | -Resident #6 ate fo | ods that were soft. | | | | |
| | | ed to be on a pureed diet | | | | |
| | | pisodes of choking and | | | | |
| | gagging when eatir | na | 1 | | | 1 |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------|--|----------------|-------------------------|--|
| | IOI CONNECTION | IDENTIFICATION NOMBER. | A. BUILDING: | | COM | FLLILD | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| | AT CLEMMONS | | | | | | |
| | | | NS, NC 2701 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE | |
| D 273 | Continued From pa | ige 84 | D 273 | | | | |
| | and needed staff to her stop choking. -The resident's last eating occurred las -The PCAs made it not eat her meals ir -During meals all th room and no one w resident if she got o -Resident #6 neede her meals. -PCAs did not give | a rule that Resident #6 could in her room. The PCAs were in the dining yould be available to assist the choked. The resident the right to eat in cause it was scary when the | | | | | |
| | 05/17/22 at 3:25pm -Resident #6 alway -The oatmeal was w resident could eat if -Resident #6 some consuming meals h -On 2 to 3 occasion got choked and cou -She gave the resid -She reported each | s ate oatmeal for each meal. watered down thin, so the t without choking. times got choked when her dinner meals. hs, she observed the resident | | | | | |
| | 11:55am revealed: -The RCC would have contacting the speet results of the evalua- -She noticed when had oatmeal and ver- She told staff to still front of her. | Resident #6 ate, she always | | | | | |

Division of Health Ser STATE FORM

| Division of Health Service R | egulation | | | FORM | APPROVED |
|---|---|---------------------|--|--------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY AT CLEMMONS | 6010 MEA | DOWBROOM | (MALL COURT | | |
| THE IVITAL CLEWINIONS | CLEMMO | NS, NC 2701 | 2 | | |
| PREFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE |
| D 273 Continued From pa | age 85 | D 273 | | | |
| vegetables and frui-No one made her requesting a puree -She did not know eating meats. If the resident was eating her meals, t followed-up with th -The PCP should h was requesting a puree in the result of the she was not the puree in the she was not the puree in the she was not the puree in the she was not the she was not the she was in the fact should verbally ma on with the resident with the E Director/Administrative revealed: She was not awar the she was not awar therapy evaluation. On 05/13/22, after she told the DM if the the the tot the the the tot the the the the tot the the the the the tot the the the the the the the the the th | aware the resident was d meal. the resident had problems with a coughing and choking when he MA should have e PCP. have been notified the resident ureed diet. dent #6's PCP on 05/12/22 at rovider for Resident #6 in July aware or provided her with the eech therapy consultation and her that Resident #6 had g or gagging when consuming cted her for an order for est for a pureed diet. cility every Thursday, and staff ke her aware what was going t. Executive ator on 05/16/22 at 12:34am e of Resident #6 had a speech e Resident #6 requested a the surveyor made her aware, he resident requested a the DM should have granted | | | | |

Division of Health Service Regulation STATE FORM

If continuation sheet 86 of 239

| Division | of Health Service Re | egulation | | | FURM | APPROVED |
|---------------|--|---|---------------------------|--|--|------------------|
| STATEME | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | - (X3) DATE SURVEY COMPLETED - R - 05/17/2022 | |
| | | HAL034150 | B. WING | | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOP DNS, NC 2701 | K MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORREC | TION | (X5) |
| PRÉFIX TAG | | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | | COMPLETE DATE |
| D 273 | Continued From pa | ge 86 | D 273 | | | |
| | at 4:57pm revealed -It was the resident'request as long as if order. -The DM should har- service to the resided- -If he was concerner someone to contact and/or the resident's Attempted interview 05/13/22 at 9:05am Refer to telephone if Owner/Licensee on 3. Review of Resided 04/07/22 revealed: -Diagnoses includer infarction, hyperlipic diabetes mellitus ar pulmonary disease. -The resident was in -The resident was in -The resident was in bowel. a. Review of Resided dated 01/10/22 reve -The therapist reconfacility (SNF) or asson of care. -Continue ADL train (TA) muscle training | s right to have whatever they it was not against the PCP we provided and appropriate ent. ed, he should have asked t the PCP to clarify the order s request for a pureed diet. with the speech therapist on was unsuccessful. interview with the 05/17/22 at 4:20pm. ent #4's current FL2 dated d obesity, acute myocardial demia, hypertension, type 2 nd chronic obstructive intermittently disoriented, semi-ambulatory using a moontinent of bladder and ent #4's consultation report | | | | |

| | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|---|---------------------|--|-----------------------------------|-------------------------|
| IND PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COM | PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | ATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | |
| | | | ONS, NC 27012 | | CORRECTION | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 273 | Continued From pa | ge 87 | D 273 | | | |
| | | #4's physician's orders dated an order to start physical irected. | | | | |
| | primary care provid revealed: | #4's summary visit from the er (PCP) dated 04/21/22 | | | | |
| | the resident's bilate | nuscle weakness. er for PT evaluation and treat aral lower extremity weakness, nability to perform routine | | | | |
| | PCP dated 05/05/2 -Resident #4 had b weakness with uns -Resident #4 was h | oth upper and lower extremity teady gait. aving difficulty performing | | | | |
| | evaluate and treat f with new a wheelch | nal therapy) was ordered to for weakness and assistance air. | | | | |
| | demonstrate impro | vas her reasonable sident #4 could and would ved function as a result of over the next two months. | | | | |
| | revealed: | dent #4 on 05/10/22 at 8:50pm | | | | |
| | -She came to the fa -When she was in t | e facility for 5 months. acility from the hospital. he hospital, she started PT. | | | | |
| | was told that she ne the strength back ir | | | | | |
| | if she had PT, she | in a wheelchair and she knew would be able to walk again. d PT since her admission to | | | | |
| | | ee orders for her to start PT | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|--|------------------|--|-----------------|--------------------|
| | | | B. WING | | R | |
| | | HAL034150 | | | | 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ge 88 | D 273 | | | |
| | and she still had no | ot started PT. | | | | |
| | | that she was supposed to | | | | |
| | | the current Administrator. | | | | |
| | | nistrator last week that she ave PT and she still had not | | | | |
| | | day's date (05/10/22). | | | | |
| | Interview with the S | Scheduler/medication aide | | | | |
| | | t 11:41am revealed: | | | | |
| | | ers for PT ended up missing. | | | | |
| | | the previous Resident Care | | | | |
| | | was responsible for with outside providers. | | | | |
| | | t, she did not have access to | | | | |
| | | r papers sent via email by the | | | | |
| | -She had been una | ble to obtain the PCP notes | | | | |
| | 05/10/22. | e beginning of April 2022 to | | | | |
| | PT/OT. | about Resident #4's order for | | | | |
| | | eginning of the month (unable | | | | |
| | |) the resident made the or aware that she should be | | | | |
| | | ime she heard about Resident | t | | | |
| | | up with the PCP to find out if | | | | |
| | the resident should | be getting PT because it was | | | | |
| | | responsibility to contact the | | | | |
| | PCP. | g in for the RCC position since | | | | |
| | | he was extremely busy and | | | | |
| | | did not contact the PCP. | | | | |
| | Interview with a firs 2:21pm revealed: | t shift MA on 05/11/22 at | | | | |
| | • | oned to her about getting PT | | | | |
| | | her that she wanted to started | | | | |

If continuation sheet 89 of 239

| | IT OF DEFICIENCIES OF CORRECTION | Equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED R |
|--------------------------|---|--|----------------------------|--|--|
| | | HAL034150 | B. WING | | 05/17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | ATE, ZIP CODE | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 27012 | MALL COURT | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE COMPLET THE APPROPRIATE DATE |
| D 273 | Continued From pa | ige 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- Resident #4 should | up with the PCP to see if be getting PT because it was the Scheduler/MA to contact | | | |
| | 9:48am revealed: -She had written the get PT/OT. -As of today's, date not received PT/OT -She did not know y the facility had in-he -She did not know y | what the hold up was because ouse PT/OT. what facility staff were doing | | | |
| | her lower extremitie -The resident and h time, Resident #4 v possibly not needin | er that she had weakness in es. her both felt with PT/OT in vould improve to the point of | | | |
| | they did not follow t referring Resident # -There was no doct orders in the reside | ways losing paperwork and hrough with her orders #4 to PT and other providers. umentation of her referral ent's record. ago, she wrote an order for | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | СОМ | E SURVEY PLETED | |
|--------------------------|--|---|---------------------------------|--|---------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | X MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE | |
| D 273 | Continued From pa | age 90 | D 273 | | | | |
| | revealed: -Within 24 hours of expected appointm agencies. -The Scheduler/MA appointments with residents. b. Review of Resid 04/28/22 revealed the resident to an a | Executive tor on 05/16/22 at 12:27pm the next business day, she ents to be made with outside was responsible to make outside providers for the ent #4's physician order dated there was an order referring illergy physician locally and m the previous immunologist's | | | | | |
| | revealed: -She had lived at th -She was supposed infection. -Several years ago had an immunodef -She had not had to prior to coming to t -Now it had been a an infusion. -She needed the in herself getting sick -The primary care p several orders for t not received the inf | the infusion for six months he facility. Imost one year since she had fusion, because she felt again. provider (PCP) had written he infusion and she still had | | | | | |
| | immunologist from 05/13/22 at 8:16am | v with Resident #4's a return telephone call on n revealed: dent #4 had an infusion was | | | | | |

| | of Health Service Re | | | | | | |
|---------------|---|--|-----------------|---|-----------------|--------------------|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R 17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | | |
| I HE IVY | AT CLEMMONS | CLEMM | ONS, NC 2701 | 2 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLETE DATE | |
| D 273 | Continued From pa | ige 91 | D 273 | | | | |
| | August 2021. | | | | | | |
| | | nfusions for years and the | | | | | |
| | | e infusions to maintain her | | | | | |
| | health. | | | | | | |
| | | l the resident had not been the infusions because she | | | | | |
| | | / sick when she started the | | | | | |
| | infusion. | | | | | | |
| | | ed the infusions and she was | | | | | |
| | | d not gotten any infections. | | | | | |
| | | acility had contacted the office | | | | | |
| | | infusions or to inform them | | | | | |
| | another city. | locate a immunologist in | | | | | |
| | | agree to do annual visits with | | | | | |
| | | by video, the physician would | | | | | |
| | write an order for th | | | | | | |
| | | I then have the infusion at any | | | | | |
| | clinic in the state. | vith a medication called | | | | | |
| | Gamunex (immune | | | | | | |
| | | as used to strengthen the | | | | | |
| | body's natural defe | nse system (immune system). | | | | | |
| | | ed the risk of infection in a | | | | | |
| | person with a weak | ened immune system. | | | | | |
| | Interview with the S | Scheduler/medication aide | | | | | |
| | | it 11:41am revealed: | | | | | |
| | | the PCP writing an order | | | | | |
| | referring Resident # | #4 to an allergist in the local | | | | | |
| | area. | | | | | | |
| | | Resident #4 had previously | | | | | |
| | | nmunologist in another city. not take the resident to the | | | | | |
| | other city. | | | | | | |
| | | sician in the local area. | | | | | |
| | -The order was give | en to the Transportation driver | | | | | |
| | | ointment with the local | | | | | |
| | immunologist. | | | | | | |
| | -She recalled the I ealth Service Regulation | ransportation driver asked | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|--|------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 273 | Continued From pa | ige 92 | D 273 | | | | |
| | 04/28/22. -The PCP told her so name of the infusion follow-up with the po- medical records reg- -As of today's, date contacted Resident obtain the name of -She had been filling not have an RCC ar- -When the Transport appointment for a result. | rder was written on 04/05/22 o she did not know the specific n, but she suggested to previous immunologist to obtain garding the infusion. a (05/16/22), she had not t #4's previous immunologist to | 1 | | | | |
| | 05/16/22 at 4:45pm -She received an o Resident #4's infus -She needed clarity resident needed. -She talked with the and the PCP instru- previous immunolo infusion. -She asked the Sch | rder dated 04/28/22 for | | | | | |
| | 9:48am revealed: -She had written set infusions. -The resident was to name of the infusion to contact the immuthe infusion. | acility's PCP on 05/12/22 at everal orders for Resident #4's unable to recall the exact n, so she instructed the facility unologist to obtain the name of r for a new allergist in the area | - | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034150 (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER TREDUCTION R 05/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE R 05/17/2022 THE IVY AT CLEMMONS 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012 CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG 0 273 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) (x8) COMPLETED D 273 Continued From page 93 D 273 D 273 Continued From page 93 D 273 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 ID 273 | Division of Health Service R | egulation | | | FORM | APPROVED |
|---|--|---|------------------|---|----------------|--------------------------|
| HAL034150 B. WING O5/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012 THE IVY AT CLEMMONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (SS COMPL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (SS CROSS-REFERENCED TO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (SS CROSS-REFERENCED TO CROSS-R | STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | | |
| 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) COMPL DATE DATE DEFICIENCY) D 273 Continued From page 93 D 273 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 ID 273 | | HAL034150 | B. WING | B. WING | | |
| THE IVY AT CLEMMONS 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) COMPL DATI DEFICIENCY) 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 No | NAME OF PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| 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) COMPL DATION D 273 Continued From page 93 D 273 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 D 273 | | 6010 ME | ADOWBROOK | MALL COURT | | |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPL DATION D 273 Continued From page 93 D 273 D | THE IVY AT CLEWINIONS | CLEMMO | ONS, NC 27012 | 2 | | |
| 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 | PREFIX (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 | TION SHOULD BE | (X5) COMPLETE DATE |
| 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 | D 273 Continued From p | age 93 | D 273 | | | |
| 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 sak; the MA asked Resident #8 if she was okay and Resident #8 did not respond. | because the Scheet take the resident to -She did not know facility staff were n make an appointm -She was at her 'w did not know what -The facility was al they did not follow referring the reside -A couple of weeks referring Resident area for the infusio -She handed the o today's, date (05/1 been scheduled fo -In the order she g previous practition regarding the infus Refer to telephone Owner/Licensee of 4. Review of Resid 04/07/22 revealed: -Diagnoses include schizoaffective dis hyperglycemia. -Resident #8 was o semi-ambulatory. Review of Residen -On 04/16/22, Res herself more and n -On 05/02/22 at 10 her night medicatio calm, quiet, and sa | duler/MA said they could not o another city for the infusion. what the hold-up was or why ot following her referral to eent with an allergist in the area <i>i</i> t's end" with the facility and to do. ways losing paperwork and through with her orders ent to an allergist. s ago she wrote another order #4 to an allergist in the local on. order to the scheduler/MA, as of 2/22), Resident #4 had not r an infusion. ave instructions to contact the er to obtain paperwork sion for the new immunologist. e interview with the n 05/17/22 at 4:20pm. dent #8's current FL2 dated the chronic constipation, order bipolar type, and constantly disoriented and was at #8's progress notes revealed: ident #8 was starting to talk to nore each day. 0:45pm, Resident #8 was very ad; the MA asked Resident #8 if | F : | | | |
| her medication for the past 3 days with no food or Division of Health Service Regulation | -On 05/04/22 at 7: | 22pm, Resident #8 refused all | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BUILDING. | | | П | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | (MALL COURT 2 | | | |
| (X4) ID | _ | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 273 | Continued From pa | age 94 | D 273 | | | | |
| | care and stated she | 54am, Resident #8 refused e was not feeling well; the MA ent #8's primary care provider | | | | | |
| | 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. | | | | | | |
| | (This date should h -A home health nur room, assessed he depressed. -After calling 911 to hospital for observa her room into the h another resident wh previously. -Resident #8 was v was argumentative -Resident #8 got ta fell over on her side elevator door frame | ty's shift note dated 05/06/22 have been 05/05/22.) revealed: rese came by Resident #8's er, and said Resident #8 was to take Resident #8 to the ation, Resident #8 to the ation, Resident #8 came out of allway crying and yelling about ho was taken to the hospital wrapped up in a comforter and about putting clothes on. ingled up in the bedding and e hitting her head on the e. ransported to the hospital and | | | | | |
| | dated 05/06/22 rev | t #8's incident/accident report ealed: running out of her room | | | | | |

| Division | of Health Service Re | egulation | | | FURI | APPROVED |
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| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | X MALL COURT 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | | (X5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY | HE APPROPRIATE | COMPLETE DATE |
| D 273 | Continued From pa | ge 95 | D 273 | | | |
| | asking about anoth to the hospital. -She was foaming the heavily. -She then fell to the wall. -There were no app -Resident #8 refuse -There was a major Interview with the S 12:24pm revealed: -She completed an 05/05/22 for Reside Resident #8 refuse had a major change -Resident #8 refuse had a major change -Resident #8 starte behavior a few days the hospital. -Resident #8 did no stay in bed. -Resident #8 was u smoking and ate in -Staff was taking he and tried to get her get up to smoke. -On 05/05/22, Resi her room looking fo foaming at the mou -Resident #8 backet balance, and fell or the wall. -Emergency Medica contacted and Resi local hospital. -A MA told her she | er resident who was sent out from the mouth and breathing a floor and hit her head on the barent injuries. ed her meal the day before. r change in her behavior. 6cheduler/MA on 05/13/22 at incident/accident report dated ent #8 which documented d meals the day before and e in her behavior. d having changes in her s before she was admitted to ot want to eat and wanted to usually up out of bed, out the dining room. er meals to her in her room to smoke, but she would not dent #8 came running out of or her friend and she was | | | | |
| | behavior changes. -She had not conta | cted Resident #5's PCP since | | | | |
|)ivision of H | she started having ealth Service Regulation | changes in behaviors. | | | | |

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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|----------------------|--|-----------------------------------|-------------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: B. WING | | COM | PLETED |
| | | HAL034150 | | | | R 05/17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 MEA | DOWBROOK | MALL COURT | | |
| | AT CLEWIWONS | CLEMMO | NS, NC 27012 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 273 | Continued From pa | ge 96 | D 273 | | | |
| | Resident #8 dated -Resident #8 was a different hospital or behaviors, abnorna confusion, thought responding to interr -Resident #8 was w poor insight and juc -Resident #8 prese crying on and off, d auditory and visual -Per reports, she th her at the assisted -She would yell out bizarre things. -The facility reporte reacting to internal A request for Resid record dated 05/05, 05/13/22 and was r Interview with the F (RCC) on 05/16/22 -No one reported at to her. -She expected staff so she could reach Interview with a per 05/16/22 at 2:00pm -Resident #8 was n before she went ou -She was not going usually did, so staff room, but she still w | dmitted to this hospital from a n 05/08/22 with erratic al crying, repeated statements, disorganization and hal stimuli. vithdrawn and depressed with dgement. nted for further evaluation of epression, paranoia, and hallucinations. ought someone was watching living facility. for another resident and say d Resident #8 was seen stimuli and having confusion. ent #8's hospital medical /22 was requested on not received. Resident Care Coordinator at 12:34pm revealed: ny changes with Resident #8 f to report any changes to her out to Resident #8's PCP. sonal care aide (PCA) on nevealed: ot eating for 3 to 4 days t to the hospital. down to the dining hall as she brought meal trays to her | | | | |

Division of Health STATE FORM

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
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| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | |
| THEIVY | AT CLEMMONS | CLEMMC | NS, NC 2701 | 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLETE DATE |
| D 273 | Continued From pa | ge 97 | D 273 | | | |
| | Resident #8 was no | orking during her shift ot eating and the MA was e 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. | | | | | |
| | leading up to her he refused to eat her l | Resident #8 once in the days ospitalization and Resident #8 unch once. Resident #8 snacks and she | | | | |
| | -She only knew of o | one day prior to Resident #8's she did not feel well, and nything else to her. | | | | |
| | 5:50pm revealed: -On 05/05/22, Resi another resident wa same day and she | | | | | |
| | visiting another res Resident #8 to be s not know what hom | e health nurse in the facility ident and the nurse assessed severely depressed; she did he health agency the nurse e nurse was in the facility to | | | | |
| | hallway wearing a b and was wrapped in | out of her room into the ora and an incontinence brief n her bed comforter. | | | | |
| | crying asking where -The Scheduler/MA she started moving | ollering, screaming, and e the other resident was. tried to calm her down and backwards towards the | | | | |
| | | oped over her comforter nd it looked like she hit her of the elevator. | | | | |

Division of Health Service Regulation STATE FORM

If continuation sheet 98 of 239

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COM | PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 MEA | DOWBROOM | MALL COURT | | |
| | | CLEMMO | NS, NC 2701 | 2 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| D 273 | Continued From pa | age 98 | D 273 | | - , | |
| | • | nd Resident #8 was sent out to | | | | |
| | the hospital. | | | | | |
| | | g up to 05/05/22, Resident #8 | | | | |
| | | not getting up to go to the | | | | |
| | U | e would not take her | | | | |
| | nedications at time -Resident #8 would | | | | | |
| | | t Resident #8's PCP about her | | | | |
| | changes. | | | | | |
| | -She told the Sche | duler/MA and documented in | | | | |
| | Resident #8's prog | ress notes. | | | | |
| | Telephone interviev | v with Resident #8's mental | | | | |
| | | HP) on 05/13/22 at 11:03am | | | | |
| | revealed: | , | | | | |
| | | pected the facility to contact | | | | |
| | him with any chang | | | | | |
| | | d Resident #8 had changes in | | | | |
| | benaviors or was n | ospitalized until after the fact. | | | | |
| | | w with Resident #8's PCP on | | | | |
| | 05/13/22 at 4:20pm | | | | | |
| | | d not notify her Resident #8 | | | | |
| | | eline and was having changes ior to her hospitalization on | | | | |
| | 05/05/22. | | | | | |
| | | ility and saw Resident #8 on a | | | | |
| | |)5/22 (before she was sent out | | | | |
| | to the hospital). | | | | | |
| | | sident #8 on 05/05/22, she | | | | |
| | | ed with her head at the foot of | | | | |
| | she was covered u | et at the top of the bed, and | | | | |
| | | Resident #5 was sent out to | | | | |
| | | 05/22 until her next weekly visit | | | | |
| | to the facility on 05 | /12/22. | | | | |
| | | d not offer any information. | | | | |
| | | ch floor of the facility during | | | | |
| | | nd asked which residents had | | | | |
| aion af LL | falls or any current ealth Service Regulation | issues, because staff did not | | | | |

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED R | |
|--------------------------|--|---|---------------------------|--|------------------------------------|-------------------------|
| | | HAL034150 | B. WING | | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | 2 MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| D 273 | Continued From pa | ige 99 | D 273 | | | |
| | #8's MHP know she feeling well, or not f -It would have been the same day chan would have ordered to collect a urine sa Interview with the A 10:03am revealed: -Resident #8 was s because she was n -The local hospital severe urinary tract -Resident #8 was th health unit at anoth | facility to let her or Resident e was not at baseline, not taking her medication. In nice to have been informed ges were identified and she d a urinalysis or reminded staff ample and send it to the lab. Indministrator on 05/13/22 at ent out to a local hospital not feeling well. reported Resident #8 had a t infection (UTI). ransferred to a behavioral er local hospital. | | | | |
| | 1:24pm revealed: -She did not know t Resident #8's healt -She expected MAs | s to contact Resident #8's PCF or let the RCC know so she | | | | |
| | 4:27pm revealed: -He expected PCAs supervisors of any -The supervisors w | ere to notify the Resident's discuss care and any other | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | |
| | Refer to telephone Owner/Licensee or ealth Service Regulation | interview with the 1 05/17/22 at 4:20pm. | | | | |

| STATEMEN | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | | |
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| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| | | | | | | | |
| HE IVY | AT CLEMMONS | CLEMMO | NS, NC 27012 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE | |
| D 273 | Continued From pa | age 100 | D 273 | | | | |
| | 04/07/22 revealed: -Diagnoses include depressive disorde -She was intermitted a. Review of Reside dated 12/30/21 reve Novolog (a rapid-ac blood sugar spikes for fingerstick blood | | | | | | |
| | 03/15/22 revealed a sliding scale insulin 100-200 = 18 units = 30 units, 401-500 | t #5's physician order dated an order to change Novolog a (SSI) to: 0-99 = 0 units, , 201-300 = 25 units, 301-400 0 = 35 units, 501 or higher are provider (PCP). | | | | | |
| | report dated 04/07/ -There was an order meals, and to call t less than 80 or greater -There was an order = 0 units, 100-200 | er for FSBS checks before all he PCP for a FSBS reading ater than 500. er for Novolog SSI: FSBS 0-99 = 18 units, 201-300 = 25 units, , 401-500 = 35 units, 501 or | | | | | |
| | medication adminis revealed: -There was an entr meals daily at 7:30 -There was an entr units, 100-399 = 19 notify the PCP if FS | t #5's March 2022 electronic stration record (eMAR) y for scheduled FSBS before am, 11:30am, and 4:30pm. y for Novolog SSI: If 0-99 = 0) units, 400-500 = 23 units, and SBS greater than 500; order the 11:30am dose on 03/15/22. | | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | MALL COURT | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLETE DATE |
| D 273 | Continued From pa | age 101 | D 273 | | | |
| | units, 100-200 = 18 301-400 = 30 units, higher notify the PC 4:30pm dose on 03 -There was docume FSBS was over 500 03/01/22 through 0 -There were 5 occa notified with examp -On 03/11/22 at 4:3 as 539; there was a "very high over the -On 03/16/22 at 7:3 as 524. -On 03/16/22 at 11: as 536. -On 03/24/22 at 11: as 530. Review of Resident revealed: -There was an entr meals daily at 7:30 -There was an entr units, 100-200 = 18 301-400 = 30 units, higher notify the PC | entation that Resident #5's 0 on 9 occasions from 3/31/22. asions when the PCP was not oles as follows: 60pm, FSBS was documented a progress note documenting sliding scale". 30am, FSBS was documented 30am, FSBS was documented t #5's April 2022 eMAR y for scheduled FSBS before am, 11:30am, and 4:30pm. y for Novolog SSI: 0-99 = 0 8 units, 201-300 = 25 units, , 401-500 = 35 units, 501 or | | | | |
| | FSBS was over 500 04/01/22 through 0 -There was one occ notified with examp -On 04/20/22 at 11: | 0 on 4 occasions from 4/30/22. casion when the PCP was not | | | | |
| ivision of H | revealed: -There was an entr | t #5's May 2022 eMAR y for scheduled FSBS before am, 11:30am, and 4:30pm. | | | | |

Division of Health Service Regulation STATE FORM

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | СОМ | E SURVEY PLETED |
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| | | HAL034150 | B. WING | | 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 27012 | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 273 | Continued From pa | ge 102 | D 273 | | | |
| | units, 100-200 = 18 301-400 = 30 units, higher notify the PC -There was docume FSBS was over 500 05/01/22 through 0 -There were 4 time notified with examp -On 05/02/22 at 11: as 518. -On 05/04/22 at 7:3 as 593; there was a documented the PC documentation that done. -On 05/04/22 at 4:3 as 505. | entation that Resident #5's) on 6 occasions from 5/10/22. s when the PCP was not | ł | | | |
| | at 11:15am reveale -She had checked 03/16/22 at 7:30am at 7:30am when the -She knew Residen to call the PCP for -She thought she a when Resident #5's usually she had to l answering service, phone call back wit -One time, she had give 35 units of Nov had a FSBS higher | dication aide (MA) on 05/11/22 d: Resident #5's FSBS on a and 11:30am, and 05/04/22 e FSBS was over 500. at #5's FSBS order instructed FSBS higher than 500. Iways notified the PCP office s FSBS was over 500, but eave a message on their and she did not usually get a h any additional or new orders been told by the PCP to just volog each time Resident #5 than 500, so that was what PCP called her back with other | | | | |

| | of Health Service Re | | | | 1 | | |
|---------------|-------------------------------------|--|-------------------------------|---|---|--------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
| | | | A. DOILDING. | | _ | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | | |
| THEIVY | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID | _ | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 | | COMPLET DATE | |
| 1/10 | | , | 1/10 | DEFICIENC | | | |
| D 273 | Continued From pa | age 103 | D 273 | | | | |
| | | - | | | | | |
| | 12:00pm revealed: | | | | | | |
| | | Resident #5's FSBS on | | | | | |
| | | h when the FSBS was over | | | | | |
| | 500. | | | | | | |
| | | nt #5 had a FSBS higher than | | | | | |
| | | ninister 35 units of Novolog | | | | | |
| | | imum amount listed on her | | | | | |
| | | call the PCP office and leave a | | | | | |
| | to call back with fur | answering service for the PCP | | | | | |
| | | | | | | | |
| | | her notifications in the | | | | | |
| | progress notes in the | | | | | | |
| | | ember if she had notified the | | | | | |
| | | r not; she did not remember | | | | | |
| | - | r back with any additional | | | | | |
| | orders if she had. | Iways call back with further | | | | | |
| | | ne called regarding Resident | | | | | |
| | | ver 500 because it happened | | | | | |
| | | ying snacks from the vending | | | | | |
| | machine. | ying shacks norn the vending | | | | | |
| | | nal cell phone number for the | | | | | |
| | | k on since the phone on that | | | | | |
| | floor of the building | | | | | | |
| | | if anyone was responsible for | | | | | |
| | | of the eMAR to ensure all | | | | | |
| | | followed regarding updated the | | | | | |
| | PCP for FSBS high | | | | | | |
| | Interview with the F | PCP on 05/12/22 at 9:30am | | | | | |
| | revealed: | 01 011 00/12/22 at 9.30a11 | | | | | |
| | -Resident #5 did no | ot follow her diet | | | | | |
| | | b limit sweets and was often | | | | | |
| | | nelpings in the dining room. | | | | | |
| | | from the MAs when Resident | | | | | |
| | | er 500 but she had a hard time | | | | | |
| | | ontact with the MAs when | | | | | |
| | | because she would get stuck | | | | | |
| | | han she could wait. | | | | | |
| | | MAs to always check FSBS | | | | | |
| · · | ealth Service Regulation | | I | | | | |

| Division | of Health Service Re | egulation | | | | | |
|--------------------------|---|--|-------------------------------|--|----------------|-------------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
| | | | | | | R | |
| | HAL034150 | | B. WING | | | 17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| | | | · · | | 0000000000 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE | |
| D 273 | Continued From pa | ige 104 | D 273 | | | | |
| | her when the FSBS be available to answ | 5 eating her meals, to contact 6 was higher than 500, and to wer the phone when she o she could give additional | | | | | |
| | 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. | | | | | | |
| | revealed: -She had checked 04/20/22 at 11:30ar when the FSBS wa -She had once noti FSBS being over 5 just administer 35 u happened; she did order because she wanted all of the M -She notified the PO | rd MA on 05/16/22 at 10:45am Resident #5's FSBS on m and 05/02/22 at 11:30am s over 500. fied the PCP of Resident #5's 00 and was told by the PCP to units of Novolog when that not write down the verbal did not know if the PCP As to carry out that order. CP of Resident #5's FSBS ry time it happened so she | | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|---------------|--|---|-------------------------------|--|-----------------|--------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | | | MALL COURT | | |
| THE IVY | AT CLEMMONS | | NS, NC 2701 | | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | E APPROPRIATE | COMPLETE DATE |
| D 273 | Continued From pa | age 105 | D 273 | | | |
| | the eMAR with her -The PCP had neve to give additional un to notify her when i -When she called to the facility's phone she had to leave her for the PCP to call -There was always the building to answ need to run the pho the PCP called bac -She did not know i were told to leave the -Resident #5 always to have her FSBS of elevator to go to the -She did not know of Resident #5 had here eaten a meal rather | er called her back with orders nits of SSI but she still called t happened. he PCP office, she always left number; she was never told er personal cell phone number her back on. someone on the first floor of wer the phone; they would just one up to Resident #5's floor if k. if second and third shift MAs heir personal cell phone secretary left work at 5:00pm. 's came to the medication cart checked prior to getting on the e first floor for her meals. of any occasion where er FSBS checked after she had | | | | |
| | readings higher tha notification to the P -When Resident #5 | e that Resident #5 had FSBS in 500 without documented CP as ordered. 5 had a FSBS higher than 500 MAs to call the PCP and be | | | | |
| | -She expected the progress note what | one for the PCP to call back. MAs to document in a t time they called the PCP, | | | | |
| | were, and how mar | commendation or new orders ny units of insulin the MA | | | | |
| | FSBS rechecks the | sident #5, along with any MA did. ssage for the PCP and did not | | | | |
| | hear back from her | she expected them to send Emergency Room (ER) for | | | | |
| Division of H | ealth Service Regulation | | μ | | | 1 |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ECONSTRUCTION | | E SURVEY PLETED |
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| IND PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: B. WING | | COMFLETED | |
| | | HAL034150 | | | | R 05/17/2022 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | | 6010 ME | ADOWBROOM | K MALL COURT | | |
| | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| | | | | DEFICIENC | 5Y) | |
| D 273 | Continued From pa | age 106 | D 273 | | | |
| | further treatment o | f high blood sugar. | | | | |
| | | ked shifts when the secretary | | | | |
| | | o answer the main phone were | | | | |
| | | their personal cell phone | | | | |
| | | P to call them back on until on the resident floors fixed. | | | | |
| | they got the phone | on the resident hoors fixed. | | | | |
| | Attempted interview | w with Resident #5 on 05/13/22 | | | | |
| | at 1:20pm was uns | uccessful. | | | | |
| | b. Review of Resid | ent #5's primary care provider | | | | |
| | | note dated 04/21/22 revealed: | | | | |
| | | aking an oral anti-diabetic | | | | |
| | | aily, a long-acting insulin twice | | | | |
| | | cale insulin (SSI) three times | | | | |
| | daily before meals. | were consistently over 200 | | | | |
| | regardless of the til | | | | | |
| | | diet recommendations for | | | | |
| | | noted weight gain over 80 | | | | |
| | pounds within the l | | | | | |
| | | er to refer Resident #5 to an | | | | |
| | endocrinologist for | diabetes management. | | | | |
| | Interview with Resi | dent #5's PCP on 05/12/22 at | | | | |
| | 9:30am revealed: | | | | | |
| | | ion-compliant with her | | | | |
| | recommendations snacking. | regarding portion control and | | | | |
| | | already taking a long-acting | | | | |
| | | long with the oral anti-diabetic | | | | |
| | | e referred her to endocrinology | | | | |
| | because she did no | ot know how else to manage | | | | |
| | | ith the non-compliance. | | | | |
| | | erral to endocrinology at least | | | | |
| | twice and had not y specialist. | et seen any notes from the | | | | |
| | | if the facility had scheduled an | | | | |
| | | bintment for Resident #5 or | | | | |
| | not. | | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BUILDING. | | | D | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| D 273 | Continued From pa | ige 107 | D 273 | | | | |
| | 11:17am revealed: -The facility staff have Resident #5 to end -They had not schere Resident #5 to see -The Resident Care have been response implementing new of gotten overlooked a Interview with the S (MA) on 05/13/22 a -She had been resp RCC when the end written on 04/21/22 -She and the previous together to process from the PCP. -The PCP usually second the facility in a second format which require -She had just obtain PCP's email on 05/ -She did not know way and processing PC email before she real access to the email -When she receive would leave it in the staff and they would scheduling the app Telephone interview 05/16/22 at 4:50 pm -When new referral or scheduler would mailbox or in a pile | eduled an appointment for endocrinology up to that point. e Coordinator (RCC) would ible for identifying and orders from the PCP but it had and she did not know why. Scheduler/medication aide at 11:40am revealed: bonsible for the duties of the ocrinology referral had been to and implement new orders and implement new orders eant her routine visit notes to ured electronic mail (email) red a password for access. and a password to access the 10/22. who, if anyone, was opening P notes and orders from the eccived a password and ls. d an order for a referral, she e mailbox for the transportation d be responsible for ointment. w with the Transporter on a revealed: l orders were written, the RCC either leave the order in her | | | | | |
| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | | A. BUILDING: B. WING | | Б | |
| | | HAL034150 | | | R - 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 273 | Continued From pa | ge 108 | D 273 | | | |
| | 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 referred to endocrir not been sent. -She expected all re | e that Resident #5 had been hology and that the referral had eferrals to be sent within 24 receiving the order. | 8 | | | |
| | Attempted interviev at 1:20pm was uns | v with Resident #5 on 05/13/22 uccessful. | 2 | | | |
| | Refer to telephone Owner/Licensee or | interview with the 05/17/22 at 4:20pm. | | | | |
| | 05/17/22 at 4:20pm -Two and one-half v see something, say -He wanted PCAs a management was a with the residents. | weeks ago he told staff, "if you y something". and MAs to make sure aware of what was happening | | | | |
| | document regardin but going forward th were documenting. -He expected the P to be notified right a | as never given to staff to g following-up with the PCP, ne goal was to make sure staff CP and/or medical practitioner away when something involved | | | | |
| | another agency the right away or at lea | s referring a resident to n that should be acted upon st sometime during the shift, t in the communication log to ollowed up on. | | | | |

Division of Health Service R STATE FORM

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|---|---------------------|--|----------------------------------|------------------------|--|
| | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 5/ 17/2022 | |
| AME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 MEA | DOWBROOK | (MALL COURT | | | |
| | AT CLEWIWONS | CLEMMO | NS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 273 | Continued From pa | ge 109 | D 273 | | | | |
| | complaint of pain refractures with comp the resident's death for a resident with a episodes of coughin consuming meals p aspiration pneumor obtain a provider for immunodeficiency s immune system wh for a severe infection to follow PCP's refer which placed the re- severe injury (#4), f PCP for blood sugat to follow-up with the endocrinologist app management which complications of he other illnesses asso diabetes (#5), and fa a resident had char resulted in a reside failure resulted in re- harm, neglect and o A1 Violation. The facility provided accordance with G. this violation. | a notify the PCP for a resident's esulted in two unknown femur olications that contributed to a (#1), failure to notify the PCP a history of aspiration had ng and gagging when olaced the resident at risk for nia and/or death (#6), failure to r a resident to receive stions with a history of syndrome and a weakened tich placed the resident at risk ons and possibly death, failure errals for physical therapy esident a risk for falls and failure to follow-up with the ars greater than 501 and failure e PCP's referral for an opintment for diabetes n placed the resident at risk for eart disease, blindness and ociated with uncontrolled failure to notify the PCP when nges in behavior which nt being hospitalized (#8). This esidents sustaining physical death which constitutes a Type d a plan of protection in S. 131D-34 on 05/12/22 for N DATE FOR THE TYPE A1 NOT EXCEED JUNE 16, | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · , | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------|--|-----------------------------------|------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 276 | Continued From pa | ge 110 | D 276 | | | | |
| D 276 | 10A NCAC 13F .09 | 02(c)(3-4) Health Care | D 276 | | | | |
| | following in the resi (3) written procedur a physician or other and (4) implementation | assure documentation of the | | | | | |
| | This Rule is not me TYPE A2 VIOLATIO | ON . | | | | | |
| | facility failed to ens | s and record reviews, the ure orders for 1 of 6 sampled implemented related to sis. | | | | | |
| | The findings are: | | | | | | |
| | 04/07/22 revealed: -Diagnoses include schizoaffective disc hyperglycemia. | t #8's current FL2 dated d chronic constipation, order bipolar type and | | | | | |
| | semi-ambulatory. | onstantly disoriented and was ontinent of bladder and bowel. | | | | | |
| | dated 04/07/22 reve -There was an order urine sample for sig tract infection (UTI) urinating, blood in u frequency, fever, lo | t #8's order summary report ealed: er for facility staff to collect a gns and symptoms of a urinary that included pain while urine, increase in urinary wer back pain, foul smelling seline mentation such as | , | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED R | |
|---|---|--|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 276 | Continued From pa | ge 111 | D 276 | | | | |
| | | nit lab request with provided esignated lab company to pick | | | | | |
| | (PCP) visit note dat -Resident #8 was s -Resident #8 report frequency over the -She requested the urinalysis to rule ou -Resident #8's new | #8's primary care provider's ted 04/21/22 revealed: een for a routine visit. eed urinary urgency and last 3 days. facility send a sample for a t a urinary tract infection (UTI). patient lab work indicated she pronic kidney disease. | | | | | |
| | -On 05/02/22 at 1:4 night medications; I quiet, and sad; the was okay and Resid -On 05/04/22 at 7:2 her medication for t water. -On 05/05/22 at 9:5 care and stated she | #8's progress notes revealed: 5am, Resident #8 refused her Resident #8 was very calm, MA asked Resident #8 if she dent #8 did not respond. 2pm, Resident #8 refused all the past 3 days with no food or 44am, Resident #8 refused e was not feeling well; the MA | | | | | |
| | revealed: -Resident #8 was n to drink or eat her o -Resident #8 refuse -The medication aid she was sick, had a hurt. -There was no resp | ty's shift note dated 05/02/22 ot doing well; she did not want linner meal. ed her medications. de (MA) asked the resident if a headache, or if her stomach ponse documented in the note. umentation as to which MA | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | | E SURVEY PLETED |
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| | or contraction | | A. BUILDING: B. WING | | | |
| | | HAL034150 | | | | R 17/2022 |
| AME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL | ID | | | (X5) COMPLET |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO | | DATE |
| - | | | _ | DEFICIENC | CY) | |
| D 276 | Continued From pa | ge 112 | D 276 | | | |
| | documentation a ur | inalysis was completed for | | | | |
| | Resident #8 in April | | | | | |
| | Review of Resident | #8's incident/accident report | | | | |
| | | running out of her room | | | | |
| | | er resident who was sent out | | | | |
| | to the hospital. | | | | | |
| | | rom the mouth and breathing | | | | |
| | heavily. | _ | | | | |
| | | e floor and hit her head on the | | | | |
| | wall. | 4 1. 1 | | | | |
| | -There were no apparent injuries. -Resident #8 refused her meal the day before. | | | | | |
| | | r change in her behavior. | | | | |
| | | dmitted to the local hospital | | | | |
| | with a urinary tract i | | | | | |
| | | hospital's medical record for | | | | |
| | Resident #8 dated (| | | | | |
| | another local hospit | dmitted to the hospital from tal on 05/08/22 | | | | |
| | | UTI diagnosed at the | | | | |
| | discharging hospita | | | | | |
| | -Resident #8 was to | o continue antibiotics at the | | | | |
| | • | nplete the UTI treatment | | | | |
| | course. | | | | | |
| | | d on antibiotics twice daily on | | | | |
| | | vious hospital and would end 5/13/22 at the current hospital. | | | | |
| | | | | | | |
| | | dministrator on 05/13/22 at | | | | |
| | 10:03am revealed: | | | | | |
| | | ent out to a local hospital | | | | |
| | because she was n | ot feeling well. reported Resident #8 had a | | | | |
| | severe UTI. | reported Resident #0 nad a | | | | |
| | | ansferred to a behavioral | | | | |
| | health unit at anoth | | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED R |
|---|--|---|---------------------------|--|--|
| | | HAL034150 | B. WING | | 05/17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK INS, NC 2701 | MALL COURT | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE COMPLET THE APPROPRIATE DATE |
| D 276 | - | - | 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 05/17/22 -She work worked as responsib (RCC) un -The RCC sending u she was r RCC whic -Staff wou send it to differently -There wa contracted up to Res displaying -There we but she di to. | 05/17/22 at 2:57pm -She worked comp worked as a MA, by responsibilities of th (RCC) until one wa -The RCC would has sending urine samp she was responsible RCC which was up -Staff would typical send it to the lab for differently or had cl -There was no urin contracted lab for F up to Resident #8's displaying changes -There were urine of but she did not kno- | leted the staffing schedule and ut she had been assisting with he Resident Care Coordinator s hired. ave been responsible for oles to the lab for testing, but le during the time there was no until about 2 to 3 weeks ago. ly collect a urine sample and r residents who were acting hanges in behaviors. e collected or sent to the Resident #8 in the days leading a hospitalization when she was in behaviors. collection cups at the facility, w which lab to send the cups | | | |
| | cups to the facility a | cted lab brought additional about two weeks ago and that ad out which lab to send urine | | | |

| Division | of Health Service Re | egulation | | | | IAPPROVE |
|---------------|---|---|---------------------------|--|-----------------|--------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| | | | | | 05/ | 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | (MALL COURT 2 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLETE DATE |
| D 276 | Continued From pa | age 114 | D 276 | | | |
| | samples to. | | | | | |
| | -She did not think F | Resident #8 had a UTI prior to | | | | |
| | | ne hospital on 05/05/22. | | | | |
| | | UTI before and her symptoms | 6 | | | |
| | | was out of it last time she had | | | | |
| | trouble concentrating with the previous UTI. | | | | | |
| | Telenhone interview | w with the RCC on 05/17/22 at | | | | |
| | 3:11pm revealed: | | | | | |
| | | ent out to a local hospital on | | | | |
| | 05/05/22. | ······································ | | | | |
| | | Il 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 | | | | |
| | | d including a standing order | | | | |
| | | ptoms were present. if Resident #8 had a urinalysis | | | | |
| | | her hospital admission on | | | | |
| | 05/05/22. | | | | | |
| | | any concerns to her or need | | | | |
| | for a urinalysis. | | | | | |
| | | having a standing order for a | | | | |
| | urinalysis, if anythir | ng changed in her demeanor, | | | | |
| | | een a red flag to collect the | | | | |
| | | a urinalysis and notify | | | | |
| | Resident #8's PCP | | | | | |
| | Telephone interview | w with Resident #8's PCP on | | | | |
| | 05/13/22 at 4:20pm | n revealed: | | | | |
| | | et order for residents at the | | | | |
| | | y staff to collect a urinalysis | | | | |
| | | as above or below their | | | | |
| | | the sample to a local lab. | | | | |
| | | ed lab had sent out supplies to | | | | |
| | | to collect urine samples. f to complete a urinalysis for | | | | |
| | | she was not at her baseline. | | | | |
| | | iagnosed UTI could have | | | | |
| ivision of H | ealth Service Regulation | 5 | μ | | | |

| | of Health Service Re | | T | | | |
|--------------------------|--|---|-------------------------------|---|--------------------------------|--------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOP DNS, NC 2701 | (MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 276 | Continued From pa | ige 115 | D 276 | | | |
| | caused infection or sepsis. | | | | | |
| | 05/17/22 at 4:08pm -She had seen the contracted PCP for symptoms of a UTI -She would have ex sample from Resid Scheduler/MA or th sample picked up to was suspicion of a -Staff told her Resid appetite and an ups Telephone interview 05/17/22 at 4:27pm expected staff to co have it sent to the la in her behaviors. | blanket order from the facility's a urinalysis for residents with kpected staff to collect a urine ent #8 and for the e RCC to call to have the by the contracted lab if there UTI. dent #8 had a little loss of set stomach. w with the Owner/Licensee on a revealed he would have ollect Resident #8's urine and ab when they noticed changes | | | | |
| | | ne interview with Resident #8's n 05/16/22 at 1:24pm was | | | | |
| | obtained to rule out residents (#8) who changes in her bas resident being diag a hospital admissio infection or sepsis. | ensure a urinalysis was a UTI for 1 of 6 sampled had orders for a urinalysis and eline mentation resulting in the nosed with a severe UTI upon n which could have resulted in This failure resulted in I harm and neglect which A2 Violation. | ; | | | |
| | | , was requested from the ce with G.S. 131D-34 on | | | | |
| | | TE FOR THE TYPE A2 | | | | |
| ision of He ATE FORM | ealth Service Regulation | | 6899 | JR111 | If continuation | -hh - 110 -f |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED R | |
|--------------------------|--|--|-----------------|-----------------------------------|-------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | (MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CO (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCY) | | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | | |
| D 276 | Continued From pa | age 116 | D 276 | | | | |
| | VIOLATION SHALI 2022. | NOT EXCEED JUNE 16, | | | | | |
| D 280 | 10A NCAC 13F .09 Professional Suppo | 03(c) Licensed Health ort | D 280 | | | | |
| | Professional Suppo (c) The facility sha registered nurse, o physical therapist in evaluation of the re plan and care provi (a) of this Rule, is of days of admission of a resident develops least quarterly there following: (1) performing a pl resident as related current condition re tasks specified in F (2) evaluating the re being provided; (3) recommending resident as needed assessment and ever resident; and | Il assure that participation by a ccupational therapist or in the on-site review and esidents' health status, care ided, as required in Paragraph completed within the first 30 or within 30 days from the date is the need for the task and at eafter, and includes the hysical assessment of the to the resident's diagnosis or equiring one or more of the Paragraph (a) of this Rule; resident's progress to care in changes in the care of the based on the physical valuation of the progress of the me activities in Subparagraphs | | | | | |
| | TYPE B VIOLATIO | | | | | | |
| | | ions, interviews and record failed to ensure a resident | | | | | |

| STATEMENT OF DEFICIENCIES (X1) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------------|---|--|------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING: | | R | | |
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 280 | Continued From pa | ge 117 | D 280 | | | | |
| | identifying a license (LHPS) task for 2 o (Residents #1 and a oxygen, treatment f assistance with am and a resident who transfers and ambu | ompleted within 30 days of ed health professional support f 6 sampled residents #2) who had continuous for stage 2 ulcers and required bulation and transferring (#1), required assistance with llation (#2). | | | | | |
| | 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. There was an order for oxygen three liters continuously. The resident had two stage 2 ulcers on her buttocks. | | | | | | |
| | discharge summary revealed and order per minute continue Review of Resident report dated 03/08/ -During the initial as | #1's home health agency | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|---|---------------------|--|-----------------------------------|-------------------------------------|--|
| | or connection | IDENTIFICATION NOWBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOM | (MALL COURT | | | |
| | AT CLEIMINIONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE ⁻ DATE | |
| D 280 | Continued From pa | ige 118 | D 280 | | | | |
| | staff for dressing, b and transferring. -Resident #1's cog psychiatric symptor least once a week i -Memory deficit and persons/places. -The resident was of past 24 hours. -The resident had s supervision was red -The resident had i was unable to perfor her safety was jeop -The resident was of liters per minute. | d failed to recognize familiar unable to recall events of the significant memory loss so that | | | | | |
| | 03/17/22 revealed: -The evaluation wa nurse (RN). -The RN document able to verbalize ne -The resident was o | t #1's LHPS evaluation dated s completed by a registered red the resident was "alert and beds." out of the facility at present to assess the resident. | | | | | |
| | summary report da | t #1's hospital discharge ted 03/21/22 revealed ospitalized from 03/15/22 | | | | | |
| | completed the Lice Support (LHPS) ev 9:27am revealed: | v with the contracted RN who nsed Health Professional aluation on 05/16/22 at sident #1 and he did not know | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|---|---------------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING. | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | MALL COURT | | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 280 | Continued From pa | age 119 | D 280 | | | | |
| | -His documentation was what staff told him. -He never met Resident #1. | | | | | | |
| | | lid not know the residents. | | | | | |
| | | cility every Friday and staff told | I | | | | |
| | him which residents | s to see. | | | | | |
| | -The facility did not have complete records on the residents. | | 2 | | | | |
| | | as all in folders and there was | | | | | |
| | not a lot of paperwo | | | | | | |
| | | nich residents had LHPS tasks /hich residents' LHPS were | • | | | | |
| | | t do an assessment of the | | | | | |
| | residents. | | | | | | |
| | | Scheduler/medication aide | | | | | |
| | | at 11:43am revealed: | | | | | |
| | | e that Resident #1's LHPS | | | | | |
| | evaluation was not | xygen continuous at 3 liters | | | | | |
| | per minute. | xygen continuous at 5 mers | | | | | |
| | • | ion-ambulatory and was | | | | | |
| | unable to transfer h | | | | | | |
| | | eing treated by home health | | | | | |
| | for two stage 2 ulce | | | | | | |
| | | e Coordinator (RCC) was ure the LHPS evaluations were | | | | | |
| | completed for resid | | | | | | |
| | | thout an RCC from the end of | | | | | |
| | April 2022 until last | | | | | | |
| | | through the pharmacy recently | / | | | | |
| | | the LHPS evaluations. | | | | | |
| | -After the RCC left | | | | | | |
| | | tor was responsible for letting residents required LHPS | | | | | |
| | evaluations. | | | | | | |
| | Interview with the E | Executive | | | | | |
| | | tor on 05/16/22 at 12:58pm | | | | | |
| | revealed: | | | | | | |
| | -She started working | ng at the facility on 04/11/22. | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
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| | | BERTH TO THOMBEN. | A. BUILDING: B. WING | | | |
| | | HAL034150 | | | R 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM | MALL COURT | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | THE APPROPRIATE | COMPLE DATE |
| D 280 | Continued From pa | ge 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. | | | | | |
| | 04/07/22 revealed: -Diagnoses include disorder, anxiety di gastro-esophageal -She was intermitte -She needed perso bathing and dressir bladder and bowel. | nal care assistance with ng, and she was incontinent of | | | | |
| | 04/13/22 revealed s | t #2's Care Plan dated she required extensive eting and transferring. | | | | |
| | Professional Suppo 03/17/22 revealed: -Primary diagnoses | t #2's Licensed Health ort (LHPS) evaluation dated included epilepsy, edema, ERD, and major depressive | | | | |
| | alert and able to ve independent for an daily living (ADL), a tasks at present. | documenting Resident #2 was rbalize her needs, she was abulation and most activities of nd that there were no LHPS ommendation was to continue are. | | | | |
| | 11:40am revealed: -She was sitting in | ident #2 on 05/11/22 at a wheelchair in her bedroom. r arms and was able to | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|---|---------------------|--|----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 280 | Continued From pa | ige 121 | D 280 | | | | |
| | gesture while talkin | g. | | | | | |
| | 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. | | | | | | |
| | | | | | | | |
| | 05/13/22 at 10:00a | rsonal care aide (PCA) on m revealed Resident #2 to help with transfers and r wheelchair. | | | | | |
| | 05/16/22 at 9:20am -He did not remem the time of the call | v with the LHPS nurse on revealed: ber who Resident #2 was at because he had never met | | | | | |
| | completing LHPS a forms out based on in the resident reco charting system (E0 | | | | | | |
| | care needs becaus hires and could not resident at the time | w staff regarding Resident #2's e most of them had been new tell him much about the or interview Resident #2 | | | | | |
| | regarding her care -The weight, pulse pressure listed on F most recent set of | | | | | | |
| vision of L | ECS. -He was not aware ealth Service Regulation | that Resident #2 needed | | | | | |

If continuation sheet 122 of 239

| | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---------------------|--|----------------------------------|--------------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | |
| | | | NS, NC 27012 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETI DATE |
| D 280 | Continued From pa | ge 122 | D 280 | | | |
| | physical assistance -He relied on the fa was a new LHPS ta | cility staff to notify him if there | | | | |
| | 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. | | | | | |
| | an evaluation and a Registered Nurse for caring for two stage ambulation which re being provided inco periods of time and ulcers. This failure | ensure Resident #1 tasks had assessment completed by a br the tasks of oxygen therapy, a 2 ulcers, and transferring and esulted in Resident #1 not ntinence care for extended proper healing of pressure was detrimental to the health, of the residents and 3 Violation. | | | | |
| | | was requested from the e with G.S. 131D-34 on | | | | |
| | | TE FOR THE TYPE B NOT EXCEED JULY 1, 2022. | | | | |
| D 287 | 10A NCAC 13F .09 Service | 04(b)(2) Nutrition And Food | D 287 | | | |
| | (b) Food PreparationHomes:(2) Table service short non-disposable place | 04 Nutrition And Food Service n and Service in Adult Care all include a napkin and ce setting consisting of at least , plate and beverage | | | | |

Division of Health Service Regulation STATE FORM

PRINTED: 06/07/2022 FORM APPROVED

| TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034150 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED R 05/17/2022 | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| ROVIDER OR SUPPLIER | | | | | | |
| AT CLEMMONS | | | | | | |
| (EACH DEFICIENC) | (MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE | |
| Continued From pa | ge 123 | D 287 | | | | |
| individual basis and | shall be based on | | | | | |
| 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: | | | | | | |
| 12:55pm revealed: -All residents eating served on non-disp -Once the residents room were all serve rolled a meal cart o meal trays for the re eating lunch in their -The PCA opened t revealed there were meals. -Each tray containe non-disposable cow packets with dispose -There was a tray h | g in the main dining room were osable place settings. s who were eating in the dining ed, a personal care aide (PCA) ut of the kitchen containing esidents who were going to be r room. he door to the meal cart which e several trays for resident ed the lunch meal on a vered plate, and individual sable silverware. holding disposable cups with | | | | | |
| revealed: -She was responsib the residents who v | ble for delivering meal trays to | | | | | |
| | SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa containers. Excepti individual basis and documented needs resident. This Rule is not me Based on observati failed to ensure res rooms were provide settings during mea The findings are: Observation of the 12:55pm revealed: -All residents eating served on non-disp -Once the residents room were all serve rolled a meal cart of meal trays for the re eating lunch in their -The PCA opened to revealed there were meals. -Each tray contained non-disposable cov packets with dispos -There was a tray he lids for the residents the residents who we that day. | ROVIDER OR SUPPLIER STREET A AT CLEMMONS 6010 ME CLEMMON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 | ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' AT CLEMMONS 6010 MEADOWBROOM CLEMMONS, NC 2701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 123 D 287 Containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. D 287 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. D 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. | ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AT CLEMMONS 6010 MEADOWBROOK MALL COURT CLEMMONS NO 27012 PROVIDER'S TATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) PREFIX TAG 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. D 287 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. D 287 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 nor-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. -There was a tray holding disposable cups with lids for the residents to drink from. 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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 settingsOnce the residents who were eating in the dining room were all served, a personal care aide (PCA) roled a meal cart out of the kitchen containing meal trays for the residents who were going to be eating lunch in their roomThe PCA op 05/10/22 at 12:57pm revealed: -Tare was a tray holding disposable cups with lids for the residents who were eating lunch in their room that dayThe kitchen always served residents who ate in | |

STATE FORM

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | COM | E SURVEY PLETED |
|--------------------------|--|--|-------------------------------|--|----------------------------------|-------------------------|
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 287 | Continued From pa | age 124 | D 287 | | | |
| | -She thought the re- received disposable the residents some cups and silverward would find them late Interview with the E 05/10/22 at 1:00pm -He had worked as October 2021 and I cups and silverward their room. -He thought it was silverware and cups their room. -When he served the room with non-disp the residents some the kitchen to be we used disposable op -He had enough investigation | the DM at the facility since had always served disposable e to residents who ate meals ir "okay" to serve disposable s to residents who ate meals ir he residents who ate in their osable cups and silverware, times did not return them to ashed so that was why he | | | | |
| | at 11:15am reveale -During the COVID served the resident rooms with disposa the spread of infect -Once the DM was started serving resi room on non-dispo | -19 pandemic, the facility is provided meals in their able place settings to prevent | | | | |
| vision of H | 2:35pm revealed: | dministrator on 05/11/22 at e that the residents who ate in | | | | |

| | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | | CONSTRUCTION | (X3) DATE SURVEY | |
|--------------------------|---|---|---------------------|---|---------------------------------|-------------------------|
| | I OF CORRECTION | IDENTIFICATION NUMBER: | | | COMPLETED | |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | |
| | 1 | | ONS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 287 | Continued From pa | ige 125 | D 287 | | | |
| | cups and silverware -She was under the who ate meals in th with disposable plac control. -They did not have facility at the time of Telephone interview 05/17/22 at 4:20pm residents to be servine settings for each m | e impression that residents leir rooms could be served ce settings for infection a COVID-19 outbreak in the | | | | |
| D 344 | 10A NCAC 13F .10 (a) An adult care h the resident's physi for verification or cl medications and tre (1) if orders for adm resident are not dat of admission or rea (2) if orders are not (3) if multiple admis admission or readm forms are not the sa The facility shall en | hission or readmission of the ted and signed within 24 hours dmission to the facility; clear or complete; or ssion forms are received upon hission and orders on the | | | | |
| | reviews, the facility orders for 1 of 6 sa | et as evidenced by: ions, interviews and record failed to clarify medication mpled residents (#4) including ons used to treat low | | | | |

| | NT OF DEFICIENCIES | Qulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---------------|---|--|------------------|--|-------------------------------|---------------------|
| | or contraction | | A. BUILDING: | | | |
| | | HAL034150 | B. WING | B. WING | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 344 | Continued From pa | ge 126 | D 344 | | | |
| | magnesium in the b reduce gastrointest | lood and a medication to inal symptoms. | | | | |
| | The findings are: | | | | | |
| | 04/07/22 revealed: -Diagnoses includer infarction, hyperlipic diabetes mellitus ar pulmonary disease. -There were no medi fL2. Review of Resident hospital discharge s 01/05/22 revealed r | #4's current FL2 dated d obesity, acute myocardial demia, hypertension, type 2 nd chronic obstructive dications listed on the FL2 and cation orders attached to the #4's previous FL2 dated and summary report dated nedication orders included 00mg (used as a dietary | 1 | | | |
| | universal medicatio revealed the resider | sule once daily. #4's hospital discharge n form dated 01/11/22 nt's current medications m oxide 400mg once daily. | | | | |
| | 2022 electronic me (eMAR) revealed m | #4's March April and May dication administration record agnesium oxide 400mg once on the eMAR from 03/01/22 | | | | |
| | | #4's record revealed there results for a magnesium level. | | | | |
| | hand at the facility of | ident #1's medications on on 05/11/22 at 2:37pm m was not available for | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | | E SURVEY PLETED | |
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| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| AME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOM | (MALL COURT | | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 344 | Continued From pa | ge 127 | D 344 | | | | |
| | Interview with Resid revealed: -Facility staff admin -Some of the medic the medications. -She thought that s magnesium. -She thought the m her immune system Interview with the S (MA) on 05/11/22 a -When medication they went to the Ad -The Administrator Coordinator (RCC) order to the pharma -After the pharmacy confirmed to make -The RCC approve showed on the eMA -She was not sure #4's magnesium. -The previous Adm responsible for orde Resident #4 was add Interview with the fa (PCP) on 05/12/22 -When Resident #4 facility did not give hospital discharge s -She did not know t magnesium. -Someone at the fa her to clarify if the r administered the m -She was in the fac | dent #4 on 05/16/22 at 3:42pm distered her medications daily. cations she knew but not all he was still getting the agnesium was important for n. ccheduler/medication aide t 2:42pm revealed: orders came into the facility ministrator. and/or Resident Care was responsible for faxing the acy. y entered the order, the RCC sure the order was correct. d the order then the order AR. what happened with Resident inistrator or RCC were ers in January 2022 when dmitted to the facility. acility's Primary Care Provider at 9:48am revealed: became her patient, the her or make her aware of the summary report. he resident was ordered cility should have contacted esident should be | | | | | |

| Division | of Health Service Re | gulation | | | r | IAPPROVE |
|--------------------------|--|--|---------------------|--|------------------------------|-------------------------|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | | | |
| | SUMMA DV STA | | NS, NC 2701 | PROVIDER'S PLAN OF CO | PRECTION | ()(5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLET DATE |
| D 344 | Continued From pa | ge 128 | D 344 | | | |
| | resident needed the -The resident was of the facility so at the magnesium deficien | discharged from the hospital to time she may have had a | | | | |
| | 05/17/22 at 4:32pm -The RCC should h notes and admissio -If staff were not su | revealed: ave looked at the progress | | | | |
| D 358 | 10A NCAC 13F .10 Administration | 04(a) Medication | D 358 | | | |
| | (a) An adult care h preparation and aduration and no by staff are in accord (1) orders by a lice which are maintained | 04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies | | | | |
| | This Rule is not me TYPE A2 VIOLATIO | | | | | |
| | reviews, the facility medications as order (Resident #1, #2, # to an anti-depressa anti-psychotic medi medication (#2), a r osteoporosis (#3), a | ons, interviews, and record failed to administer ered for 7 of 7 residents 3, #4, #5, #7 and #8) related nt medication and an cation (#5), an anti-anxiety medication to prevent a medication to treat elevated #4), a medication to treat | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BUILDING: | | R | | |
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From pa | ige 129 | D 358 | | | | |
| | sugar levels, medic a medication to trea movements, an ant antihistamine medi- medication (#7), a of pain was not adr iron supplement, ar vascular dementia | ation to treat elevated blood cations to treat schizophrenia, at involuntary muscle ti-psychotic medication, an cation, and an anti-anxiety resident who was complaining ninistered pain medication, an nd a medication to treat (#1), and a resident not ti-psychotic and anti-anxiety | | | | | |
| | The findings are: | | | | | | |
| | 04/07/22 revealed of | ent #7's current FL2 dated diagnoses included mnia and anxiety disorder. | | | | | |
| | revealed there was | ent #7's physician's orders an order dated 05/02/22 for ng take one capsule 3 times a anxiety disorder). | 1 | | | | |
| | medication adminis revealed there was | t #7's May 2022 electronic stration record (eMAR) no entry for divalproex DR psule 3 times a daily. | | | | | |
| | hand at the facility | sident #7's medications on on 05/16/22 at 10:45am no divalproex available for | | | | | |
| | incident and accide -There was a progr 2:41am that Reside was roaming the flo | t #7's progress notes and ent reports revealed: ess note dated 05/05/22 at ent #7 was not sleeping and pors attempting to take the d from the common | | | | | |

| Division | of Health Service Re | egulation | | | FURIV | IAPPROVED |
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| STATEMEN | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | B. WING | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | |
| THEIVY | AT CLEMMONS | CLEMMC | ONS, NC 27012 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | ige 130 | D 358 | | | |
| | -There was an incid 05/05/22 at 6:20pm and possible dehyd | dent and accident report dated for "manic" behavior changes Iration for which he was sent to y room (ER) for evaluation and | | | | |
| | the local hospital da | t #7's discharge summary from ated 05/06/22 at 12:23am ental status and urinary ason for the visit. | | | | |
| | incident and accide -There was progres 12:44pm with docu to harm himself. -There was an incid 05/09/22 at 1:42pm | t #7's progress notes and ent reports revealed: as note dated 05/09/22 at mentation Resident #7 wanted dent and accident report dated with documentation Resident himself and he was sent to aluation. | | | | |
| | from the local hosp | t #7's discharge summary note ital dated 05/11/22 at 12:46pm eations as the reason for the | | | | |
| | Health Provider (MI revealed: -He called in divalp capsule 3 times dai pharmacy on 05/02 -Resident #7 had fr as sudden verbal o other residents and for evaluation. -He was sent for eva not remember spec | w with Resident #7's Mental HP) on 05/13/22 at 11:15am roex DR 125mg take 1 ily to the facility's contracted //22. requent behavior issues such utbursts towards staff and I was sent to the local hospital valuation so often that he could cifically if he was informed of ons on 05/05/22 and 05/09/22 | | | | |

Division of Health Service Regulation STATE FORM

| OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | | E SURVEY PLETED |
|---|--|---|--|--|---|
| CONNECTION | DENTITION NOMBER. | A. BUILDING: | | | |
| | HAL034150 | | | | R 05/17/2022 |
| ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | 6010 MEA | DOWBROOK | MALL COURT | | |
| | CLEMMO | NS, NC 2701 | 2 | | |
| (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| Continued From pa | ge 131 | D 358 | | | |
| He ordered divalpr disturbances includ to hurt himself. He was not aware had not been admir If Resident #7 was divalproex as order himself or others. Telephone interview the facility's contract 1:10pm revealed: Resident #7's MHF 05/02/22 for divalpr 3 times a day. The pharmacy wou medications and the program allowed th facility's eMAR, whe would then have to medication order fo and then be visible That day ,05/02/22 was not communica There was a notati pharmacy's entry or divalproex order was someone at the fac divalproex order (no the facility needed eMAR, review the of the dispensed on 05 pharmacy's comput with the facility eMA | oex for Resident #7's behavior ing expressing that he wanted that the divalproex he ordered histered. not administered the ed, he could be a danger to with a representative from sted pharmacy on 05/13/22 at P called in a new order on oex DR 125mg give 1 capsule uld enter orders for e pharmacy's interface e medication to show on the ere someone at the facility review and approve the r the medication to be sent on the residents' eMAR. e, the pharmacy's computer ating with the facility's eMAR. on in the contracted n 05/02/22 at 1:28pm that the as faxed to the facility for ility to manually enter the p contact person noted). It to enter the divalproex in the order and release the order on hedication to be delivered. Iproex order was not entered e facility for the medication to 5/03/22 when the contracted the was again communicating AR. | | | | |
| | OF DEFICIENCIES F CORRECTION ROVIDER OR SUPPLIER T CLEMMONS SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa He ordered divalpr disturbances includ to hurt himself. He was not aware had not been admir If Resident #7 was divalproex as order himself or others. Telephone interview the facility's contract 1:10pm revealed: Resident #7's MHF D5/02/22 for divalpr 3 times a day. The pharmacy wou medications and the program allowed th facility's eMAR, whe would then have to medication order fo and then be visible That day ,05/02/22 was not communica There was a notatio bharmacy's entry of divalproex order was someone at the fac divalproex order was someone at the fac divalproex order (no The facility needed bharmacy's comput with the facility eMA | F CORRECTION IDENTIFICATION NUMBER: HAL034150 HAL034150 ROVIDER OR SUPPLIER STREET AD 6010 ME/ CLEMMONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 nad not been administered. If Resident #7 was not administered the divalproex as ordered, he could be a danger to nimself 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 oharmacy's entry on 05/02/22 at 1:28pm that 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 b | OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: HAL034150 B. WING COVIDER OR SUPPLIER STREET ADDRESS, CITY, S 6010 MEADOWBROOD CLEMMONS, NC 2701 T CLEMMONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 131 D 358 He ordered divalproex for Resident #7's behavior disturbances including expressing that he wanted to hurt himself. D 358 He was not aware that the divalproex he ordered had not been administered. D 358 If Resident #7 was not administered the divalproex as ordered, he could be a danger to nimself or others. D 358 Telephone interview with a representative from the facility's contracted pharmacy on 05/13/22 at 1:10pm revealed: D 358 Resident #7 was not administered the divalproex as ordered, he could be a danger to nimself or others. D 358 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. The was faxed to the facility for someone at the facility to manually enter the divalproex order (no contact person noted). | OF DEFICIENCIES (X1) PROVIDERSUPPLIER/CLA IDENTIFICION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: HAL034150 B. WING DEVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CLEMMONS 6010 MEADOWBROK MALL COURT CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CROSS-REFERENCED TO DEFICIENCY TAG Continued From page 131 D 358 D 358 He ordered divalproex for Resident #7's behavior disturbances including expressing that he wanted o hurt himself. D 358 He was not aware that the divalproex he ordered nad not been administered. D 358 Telephone interview with a representative from he 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. 3 times a day. That day, 05/02/22, the pharmacy's interface program allowed the medication to be sent and then be visible on the residents' eMAR. There was a notation in the contracted pharmacy's entry on 05/02/22 at 1:28pm that the divalproex order (no contact person noted). That day, 05/02/22, the pharmacy's computer was not communicating with the facility for someone at the facility to manually enter the divalproex order (no contact person noted). The edMAR, review the order and release the order on he edMAR for the medication | OF DEFICIENCIES (M) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER: (M2) MULTIPLE CONSTRUCTION A BUILDING: (M3) DATE A BUILDING: TOLEMONS STREET ADDRESS, CITY, STATE, ZIP CODE TOLEMONS STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY BASE DESTIFYING INFORMATION) Continued From page 131 D 358 D 358 He ordered divalproex for Resident #7's behavior disturbances including expressing that he wanted o hurt himself. D 358 He was not aware that the divalproex he ordered dand ot been administered. D 358 Telephone interview with a representative from he facility's contracted pharmacy on 05/13/22 at 1100 preveadd: Resident #7's MHP called in a new order on 150/20/22 for divalproex DR 125mg give 1 capsule 3 times a day. The parmacy would enter orders for medications and the pharmacy's interface program allowed the medication to be sent and then bave tore wan and approve the divalproex order (no contact person noted). The facility needed to enter the divalproex in the divalproex orde |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED R |
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| | | HAL034150 | B. WING | | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | ge 132 | D 358 | | | |
| | would have been ef -Divalproex DR 125 from the facility's co Interview with Resid am revealed: -He was not familia took. -He just took what th him and what the d -He took all the me take. -He had just returned because he was new were following him. -He had not slept w | dications he was supposed to ed from the hospital last week prous and felt like people | | | | |
| | revealed: -She administered -It was normal for F from other residents other residents. -Resident #7 had m the MHP. -She was not aware divalproex from 05/ -The Resident Care | e Coordinator (RCC) was king sure medication orders | | | | |
| | Interview with a sec pm revealed: -She administered -She was not aware divalproex from 05/ | cond MA on 05/16/22 at 5:30 medications to Resident #7. e Resident #7 had orders for | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · , | | | E SURVEY PLETED |
|--------------------------|---|---|---------------------------|--|-----------------------------------|------------------------|
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| AME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | | | |
| | | | - | PROVIDER'S PLAN OF | | (YE) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| D 358 | Continued From pa | ge 133 | D 358 | | | |
| | had medication cha them. -The RCC would have ensure medication eMAR. Interview with the For- revealed: -She was hired on the -She was hired on the -She was responsited entered on the eMA -She expected all re- administered as order -The facility's contra- orders in their system the facility's eMAR, medication on the for- verified as correct. -She did not remen- contracted pharma- computer was not of facility's eMAR and had to manually en- Interview with the A- 12:30pm revealed: -She and the RCC processing medicar eMARs daily to ensi- administered as order- -She did not know for divalproex on 08- -She did not know for | ble to ensure orders were AR and were accurate. esidents' medications to be dered. acted pharmacy entered em which communicated with but she had to release the facility's eMAR once it was onber being informed by the cy on 05/02/22 the pharmacy's communicating with the that someone in the facility ter Resident #7's divalproex. administrator on 05/16/22 at were responsible for tion orders and auditing the sure medications were dered. Resident #7 had a new order 5/02/22. Resident #7's divalproex was | | | | |

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|--|-----------------|--|----------------|--------------------|--|
| | of connection | | | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From pa | age 134 | D 358 | | | | |
| | | nber the facility's contracted | | | | | |
| | computer system w | anyone at the facility that their vas not communicating with | | | | | |
| | the facility eMAR of -She did not know t | h 05/02/22. that someone at the facility | | | | | |
| | needed to enter Re | esident #7's divalproex in the the order for the contracted | | | | | |
| | pharmacy to delive | | | | | | |
| | | orders to be reviewed for MAR to reflect all current | | | | | |
| | orders. | | | | | | |
| | -She expected all r administered as or | esidents' medications to be dered. | | | | | |
| | b. Review of Reside | ent #7's physician's orders | | | | | |
| | | an order dated 02/15/22 to one (medication used for | | | | | |
| | insomnia) and to st | art mirtazapine 45mg at | | | | | |
| | bedtime (used to tr | eat insomnia). | | | | | |
| | | t #7's March 2022 medication | | | | | |
| | administration reco -There was an entr | y for mirtazapine 45mg one | | | | | |
| | | cheduled at 8:00pm. | | | | | |
| | administered for 29 | was documented as opportunities from 03/01/22 | | | | | |
| | through 03/30/22, v "X" documented on | with 03/19/22 left blank and an 03/31/22. | | | | | |
| | | t #7's April 2022 and May | | | | | |
| | | ed there was no entry for one tablet at bedtime. | | | | | |
| | | sident #7's medications on | | | | | |
| | | on 05/16/22 at 10:45am ne 45mg was not available for | | | | | |
| | administration. | To Torny was not available IUI | | | | | |
| | | t #7's record revealed: me noted) Resident still canno | | | | | |

| STATEMENT OF DEF AND PLAN OF CORRI | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED |
|---|---|--|-----------------|--|-----------------|---------------------|
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF PROVIDER | OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY AT CLEN | MONS | | DOWBROOK | 2 MALL COURT | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 358 Continu | ied From pa | age 135 | D 358 | | | |
| staying 2 hou -On 04, sitting i his root -On 05, sleepin sleep) o -There 6:20pm possibl local er admitte -There hospita mental for the Telepho Health reveale -He oro bedtimo -He wa 45mg a since 0 -If Resi mirtaza sleepin behavia -He exp admits | asleep. Rea s then gets '30/22 at 4:3 in the hall for '05/22 at 2:4 g and The s does not see was an incide for "manic' e dehydratic mergency ro d. was a disch I dated 05/0 status and for visit. one interview Provider (M d: lered Reside e on 02/15/2 s not aware it bedtime h 3/30/22. dent #7 was pine as ord g and not sl ors. one interview stered as ord g and not sl ors. | Bam Resident #7 was awake r a half hour and returned to Ham Resident #7 was not cheduled (medication for em to be working. dent report dated 05/05/22 at ' behavior changes and on for which he was sent to the om for evaluation and was arge summary from the local 6/22 at 12:23am with altered urinary retention as the reason w with Resident #7's Mental HP) on 05/13/22 at 11:15am ent #7 mirtazapine 45mg at 22 to aid in him sleeping. that Resident #7's mirtazapine ad not been administered s not administered the ered, he could have trouble eeping just compounded his edications he ordered to be | | | | |

| | of Health Service Re | | | CONSTRUCTION | (V2) DAT | |
|---------------|---|--|-----------------|---|----------------|--------------------|
| | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | B. WING | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM | X MALL COURT 2 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | age 136 | D 358 | | | |
| | dispensed to the fa -There was no disc -The facility stoppe previous contracted March 2022. Telephone interview facility's current cor at 11:15am reveale -The pharmacy beg 2022. -Resident #7's mirta at bedtime was on active order. -There was no disc #7's mirtazapine. -Mirtazapine 45mg from the facility's cu Interview with Resid am revealed: -He was not familia took or what they lo -He just took what the him and what the d -He took all the me take. -He had just returned because he was ne were following him. -He had not slept w -He still felt nervous himself or others. Interview with a MA revealed: | continue order for mirtazapine. d receiving services from the d pharmacy at the end of w with a representative at the ntracted pharmacy on 05/13/22 ed: gan providing services in April azapine 45mg give one tablet his profile but was not an continue order for Resident had never been dispensed urrent contracted pharmacy. dent #7 on 05/16/21 at 11:20 ar with all the medications he poked like. the medication aide (MA) gave octor ordered. dications he was supposed to ed from the hospital last week ervous and felt like people | | | | |
| vision of L | including Resident | | 5 | | | |

Division of Health Service Regulation STATE FORM

| | of Health Service Re | | | CONCTRUCTION | /// D | | |
|--------------------------|---|--|---------------------|---|--------------------------------|--------------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | | CLEMMO | NS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\ | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETI DATE | |
| D 358 | Continued From pa | ge 137 | D 358 | | | | |
| | residents. -Resident #7 had m the MHP. -She was not aware mirtazapine was no 2022. -An "X" on the eMA had not been review to be delivered and -The facility change and the eMARs flow pharmacy's orders. -The scheduler was Coordinator (RCC) responsible for mak were on the eMAR. Interview with a sec pm revealed: -She administered to including Resident = -She performed me for 4 to 5 residents perform audits on F eMAR. -If she had noticed have informed the F -She was not aware was not on the eMA to be verified and m eMAR to be deliver -Resident #7 had a | ed pharmacy's in April 2022 wed over from the new s the interim Resident Care at that time and was king sure medication orders cond MA on 05/16/22 at 5:30 medications on all shifts #7's. edication cart audits each night but had not been able to Resident #7's medication and a discrepancy, she would RCC. e Resident #7's mirtazapine AR since March 2022. IR was a medication that had nade active on the residents' ed and administered. Iways had trouble not being | | | | | |
| | attempt to manage -The scheduler was | the interim RCC at that time en responsible to ensure | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|--|------------------|---|-----------------------------------|--------------------|
| | | | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | | ID | - PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | ge 138 | D 358 | | | |
| | Interview with the s 12:10pm revealed: | cheduler/MA on 05/12/22 at | | | | |
| | 2022 (she could no | interim RCC since early April t remember the date) until the | | | | |
| | | ble to make sure the eMARs at MAs documented | | | | |
| | medication adminis | | | | | |
| | | the eMAR in March 2022 or | | | | |
| | -An "X" on the eMA | R indicated a pending eded to be released. | | | | |
| | the end of March 20 | ed contracted pharmacies at 022 and it could have been | | | | |
| | | she continued to work in the eduler and filled in as MA on | | | | |
| | the floors when star | ff called out of work. enough time to properly audit | | | | |
| | Interview with the R revealed: | CC on 05/16/22 at 8:50am | | | | |
| | -She was hired on (-She was responsib | 05/02/22 as the RCC. ble for contacting the PCP or | | | | |
| | | ication orders. had been the interim RCC and she had not had time to | | | | |
| | independently chec | k each resident record. | | | | |
| | on the eMAR and w | vere accurate. | | | | |
| | administered as or | esidents' medications to be dered. using a different contracted | | | | |
| | pharmacy in April 2 | 022 and Resident #7's nave been missed in the | | | | |
| | process. | | | | | |
| | Interview with the A | dministrator on 05/16/22 at | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|---|------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING: | · · · · · · · · · · · · · · · · · · · | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From pa | age 139 | D 358 | | | | |
| | 12:30pm revealed: | | | | | | |
| | | dministrator at the facility at | | | | | |
| | the beginning of Ap | | | | | | |
| | | were responsible for | | | | | |
| | | tion orders and auditing the | | | | | |
| | | ure medications were | | | | | |
| | administered as or | Resident #7 had an order for | | | | | |
| | mirtazapine. | Resident #7 had an order for | | | | | |
| | | that Resident #7's mirtazapine | | | | | |
| | | er to the April 2022 eMAR | | | | | |
| | | anged pharmacies. | | | | | |
| | | Resident #7 was not | | | | | |
| | | zapine since March 2022. | | | | | |
| | -She expected all o | orders to be reviewed for | | | | | |
| | accuracy and the e | MAR to reflect all current | | | | | |
| | orders. | | | | | | |
| | -She expected all re administered as ore | esidents' medications to be dered. | | | | | |
| | | ent #7's physician's orders | | | | | |
| | | ealed there was an order for | | | | | |
| | | ake 1 tablet twice a day (used | | | | | |
| | to treat elevated blo | ood sugar levels). | | | | | |
| | Review of Resident | t #7's April 2022 electronic | | | | | |
| | | stration record (eMAR) | | | | | |
| | revealed: | | | | | | |
| | -There was an entr | y for metformin 500mg take 1 | | | | | |
| | tablet two times a d | | | | | | |
| | | n at 8:00am and 8:00pm. | | | | | |
| | | entation metformin 500mg was | S I | | | | |
| | administered 49 of | | | | | | |
| | | umentation metformin 500mg | | | | | |
| | | of 60 opportunities. | | | | | |
| | | rtunity on 04/18/22 with ode "9 see progress note" tha | • | | | | |
| | documented "waitir | | ` | | | | |
| | | rtunity with documentation of | | | | | |
| | | | n | | | 1 | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|--|-----------------|--|-----------------|--------------------|--|
| | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | AT CLEIMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET | |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE | |
| | | | | DEFICIENC | JY) | | |
| D 358 | Continued From pa | ige 140 | D 358 | | | | |
| | | | | | | | |
| | - | sident #7's medications on | | | | | |
| | | on 04/16/22 at 10:45am min 500mg tablets were | | | | | |
| | | istration and dispensed on | | | | | |
| | 04/18/22 for a quar | | | | | | |
| | | | | | | | |
| | | dent #7's Primary Care 05/12/22 at 9:35am revealed: | | | | | |
| | | facility to administer all | | | | | |
| | medications as ord | | | | | | |
| | | en notified Resident #3 was | | | | | |
| | not receiving any o | f her medications. | | | | | |
| | Interview with the N | /IA on 05/16/21 at 4:45pm | | | | | |
| | revealed: | • | | | | | |
| | -All of the resident's the eMAR. | s received their medications or | ו | | | | |
| | | not save all documentation | | | | | |
| | | tor gave the MAs a printed | | | | | |
| | MAR for April 2022 | | | | | | |
| | | ave forgotten to document on | | | | | |
| | the paper MAR. | | | | | | |
| | Interview with a see | cond MA on 05/16/22 at 5:30 | | | | | |
| | pm revealed: | | | | | | |
| | | MAs documented some | | | | | |
| | | strations on a printed MAR et was unreliable throughout | | | | | |
| | the some parts of t | 5 | | | | | |
| | | ation meant the MA did not | | | | | |
| | administer the med | lication or forgot to document. | | | | | |
| | | RCC on 05/16/22 at 8:50am | | | | | |
| | revealed: -She was hired on | 05/02/22 as the RCC. | | | | | |
| | | me to independently check | | | | | |
| | each resident reco | d. | | | | | |
| | | ble to ensure orders were | | | | | |
| | entered on the eMA ealth Service Regulation | AR and that documentation | | | | | |

| Division | of Health Service Re | egulation | | | | APPROVE |
|--------------------------|--|--|---------------------|---|--------------------------------|--------------------------|
| | NT OF DEFICIENCIES I OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | | CLEMMC | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC) | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | ige 141 | D 358 | | | |
| | was accurate. -She expected all re administered as or | esidents' medications to be dered. | | | | |
| | 12:30pm revealed: -She and the RCC processing medical eMARs daily to ens administered as ord -In April 2022, the of documentation due -Some medication a documented on a p -Missing document administer the med -She expected all of accuracy and the e orders. -She expected all re administered as ord d. Review of Resided dated 04/07/22 reve | computers did not always save to interrupted internet access. administration was printed MAR in April 2022. ation meant the MA did not lication or forgot to document. orders to be reviewed for MAR to reflect all current esidents' medications to be dered and documented. ent #7's physician's orders ealed there was an order for a 1 tablet one time a day (used | | | | |
| | medication administ revealed: -There was an entr tablet one time a da each at 8:00am. -There was docume administered 23 of -There was no doct administered 6 of 3 -There was 1 opport | umentation linagliptin 5mg was | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|---|---|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 358 | Continued From pa | ge 142 | D 358 | | , | | |
| | hand at the facility of revealed 25 linaglip for administration a a quantity of 30 tab Interview with Resid Provider (PCP) on -She expected the medications as ord | dent #7's Primary Care 05/12/22 at 9:35am revealed: facility to administer all ered. en notified Resident #3 was | | | | | |
| | revealed: -All of the resident's the eMAR. -The computer did and the Administrat MAR for April 2022 | IA on 05/16/21 at 4:45pm s received their medications or not save all documentation tor gave the MAs a printed ave forgotten to document on | | | | | |
| | pm revealed: -In April 2022, the M medication adminis because the interne the some parts of th -Missing document | cond MA on 05/16/22 at 5:30 MAs documented some strations on a printed MAR et was unreliable throughout he facility. ation meant the MA did not lication or forgot to document. | | | | | |
| | revealed: -She was hired on (-She had not had ti each resident recor -She was responsit | CC on 05/16/22 at 8:50am 05/02/22 as the RCC. me to independently check rd. ble to ensure orders were AR and that documentation | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|---|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| AME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | ATE. ZIP CODE | | | |
| | | | | MALL COURT | | | |
| HEIVY | AT CLEMMONS | CLEMMO | NS, NC 27012 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 358 | Continued From pa | ge 143 | D 358 | | | | |
| | -She expected all re administered as ore | esidents' medications to be dered. | | | | | |
| | 12:30pm revealed: -She and the RCC processing medical eMARs daily to ens administered as ord -In April 2022, the of documentation due -Some medication a documented on a p -Missing document administer the med -She expected all re administered as ord e. Review of Reside dated 04/07/22 reve | computers did not always save to interrupted internet access. administration was winted MAR in April 2022. ation meant the MA did not ication or forgot to document. esidents' medications to be dered and documented. ent #7's physician's orders ealed there was an order for the tablet one time a day | | | | | |
| | medication administ revealed: -There was an entr 1 tablet one time a administration each -There was docume was administered 1 -There was no docu 25mcg was administ -There was 1 opport documentation of c notes". | n at 6:00am. entation levothyroxine 25mcg 3 of 30 opportunities. umentation levothyroxine stered 15 of 30 opportunities. rtunity on 04/13/22 with ode "5 hold/see progress ess note dated 04/13/22 that | | | | | |
| | Observation of Des | ident #7's medications on | | | | | |
| | of Health Service Re | | | CONSTRUCTION | | |
|--------------------------|---|---|---------------------|--|-----------------------------------|--------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | HAL034150 B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | AT CLEIMIMONS | CLEMM | ONS, NC 27012 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | age 144 | D 358 | | | |
| | revealed 29 levothy | on 04/16/22 at 10:45am roxine 25mcg tablets were istration and dispensed on ntity of 30 tablets. | | | | |
| | Provider (PCP) on -She expected the medications as ord -She had never bee | en notified Resident #3 was | | | | |
| | not receiving any of her medications. Interview with the MA on 05/16/21 at 4 revealed: -All of the resident's received their med the eMAR. -The computer did not save all docume and the Administrator gave the MAs a MAR for April 2022. -Some MAs may have forgotten to doc the paper MAR. | s received their medications of not save all documentation tor gave the MAs a printed | n | | | |
| | pm revealed: -In April 2022, the M medication adminis because the interne the some parts of t -Missing document | cond MA on 05/16/22 at 5:30 MAs documented some strations on a printed MAR et was unreliable throughout he facility. ation meant the MA did not lication or forgot to document. | | | | |
| | revealed: -She was hired on -She had not had ti each resident recor -She was responsit entered on the eMA was accurate. | RCC on 05/16/22 at 8:50am 05/02/22 as the RCC. me to independently check rd. ole to ensure orders were AR and that documentation esidents' medications to be | | | | |

| AND PLAN OF CORRECTION IDE | | egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED |
|----------------------------|--|---|-----------------|--|-----------------|--------------------|
| | | HAL034150 | | | 05/ | 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | |
| THE IVY | AT CLEMMONS | | DNS, NC 2701 | (MALL COURT 2 | | |
| | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | ige 145 | D 358 | | | |
| | administered as or | dered. | | | | |
| | 12:30pm revealed: -She and the RCC processing medicate eMARs daily to ensign administered as ord -In April 2022, the ord documentation due -Some medication a documented on a p -Missing document administer the med -She expected all re administered as ord f. Review of Reside dated 04/07/22 reve benztropine 0.5mg to treat schizophren | computers did not always save to interrupted internet access administration was printed MAR in April 2022. ation meant the MA did not lication or forgot to document. esidents' medications to be dered and documented. ent #7's physician's orders ealed there was an order for take 1 tablet twice daily (used hia). | | | | |
| | medication adminis revealed: -There was an entr take 1 tablet twice o | t #7's April 2022 electronic stration record (eMAR) y for for benztropine 0.5mg daily scheduled for n at 8:00am and 8:00pm. | | | | |
| | -There was docume was administered 4 -There was no docu was administered 9 | entation benztropine 0.5mg 8 of 60 opportunities. umentation benztropine 0.5mg of 60 opportunities. rtunities on 04/03/22 with | | | | |
| | documentation of c -There was a progr read "fax pharm". -There was 1 oppor | ode "9/see progress notes". ess note dated 04/03/22 that rtunity on 04/23/22 with | | | | |
| | documentation of c | ode ["] 6 hospitalized". | | | | |
| | Observation of Res | ident #7's medications on | | | | |

PRINTED: 06/07/2022 FORM APPROVED

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | | | |
| | | | ONS, NC 2701 | | 0000000000 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | age 146 | D 358 | | | |
| | revealed 7 benztrop | on 04/16/22 at 10:45am pine 0.5mg tablets were istration and dispensed on ntity of 60 tablets. | | | | |
| | Health Provider (M revealed if Residen | w with Resident #7's Mental HP) on 05/13/22 at 11:15am It #7 was not administered his tions as ordered, he could be a or others. | | | | |
| | revealed: -All of the resident's the eMAR. -The computer did and the Administrat MAR for April 2022 | AA on 05/16/21 at 4:45pm s received their medications of not save all documentation tor gave the MAs a printed ave forgotten to document on | n | | | |
| | pm revealed: -In April 2022, the M medication adminis because the interne the some parts of the -Missing document | cond MA on 05/16/22 at 5:30 MAs documented some strations on a printed MAR et was unreliable throughout he facility. ation meant the MA did not lication or forgot to document. | | | | |
| | revealed: -She was hired on (-She had not had ti each resident recor -She was responsit entered on the eMA was accurate. | ble to ensure orders were AR and that documentation esidents' medications to be | | | | |

| OTATEMENT OF DEFICIENCIES | | | CONCEPTION | ()(0) D 1 T | |
|--|--|-------------------------------|--|---------------------------------|-------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | | E SURVEY PLETED |
| | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | 6010 ME | ADOWBROOK | MALL COURT | | |
| THE IVY AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| PRÉFIX (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 358 Continued From pa | age 147 | D 358 | | | |
| 12:30pm revealed: She and the RCC processing medical eMARs daily to ensight administered as orgonistered as orgonistered as orgonistered as orgonistered as orgonistered and the some medication documented on a provide some medication documented on a provide some medication documented and the some medication and the some some some some some some some som | computers did not always save a to interrupted internet access administration was printed MAR in April 2022. tation meant the MA did not lication or forgot to document. esidents' medications to be dered and documented. ent #7's physician's orders ealed there was an order for 100mg take 1 tablet twice daily tophrenia). t #7's April 2022 electronic stration record (eMAR) ty for lithium carbonate 300mg daily scheduled for n at 8:00am and 8:00pm. entation lithium 300 mg was 60 opportunities. umentation lithium 300mg was 60 opportunities. trunity on 04/23/22 with code "6 hospitalized". sident #7's medications on on 04/16/22 at 10:45am 300mg tablets were available and dispensed on 05/09/22 for | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|---|---|---------------------|--|----------------|-------------------------|--|
| | or connection | IDENTIFICATION NOWDER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | | |
| | | CLEMM | ONS, NC 27012 | 2 | | - | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE | |
| D 358 | Continued From pa | ige 148 | D 358 | | | | |
| | Health Provider (M revealed if Residen | v with Resident #7's Mental HP) on 05/13/22 at 11:15am It #7 was not administered his ions as ordered, he could be a r others. | 3 | | | | |
| | Interview with the MA on 05/16/21 a revealed: -All of the resident's received their r the eMAR. -The computer did not save all doct and the Administrator gave the MAS MAR for April 2022. -Some MAs may have forgotten to the paper MAR. | s received their medications or not save all documentation tor gave the MAs a printed | ו | | | | |
| | pm revealed: -In April 2022, the M medication adminis because the interne the some parts of th -Missing document | cond MA on 05/16/22 at 5:30 MAs documented some strations on a printed MAR et was unreliable throughout he facility. ation meant the MA did not lication or forgot to document. | | | | | |
| | revealed: -She was hired on (-She had not had ti each resident recor -She was responsit entered on the eMA was accurate. | ble to ensure orders were AR and that documentation esidents' medications to be | | | | | |
| | 12:30pm revealed: -She and the RCC | dministrator on 05/16/22 at were responsible for tion orders and auditing the | | | | | |

| | of Health Service Re | | | | | | |
|--------------------------|--|---|---------------------|--|----------------------------------|-------------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | | MALL COURT | | | |
| ()(4) ID | STINWARY ST | | DNS, NC 2701 | 2 PROVIDER'S PLAN OF (| | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 358 | Continued From pa | age 149 | D 358 | | | | |
| | administered as ore -In April 2022, the of documentation due -Some medication documented on a p -Missing document administer the med -She expected all re administered as ore h. Review of Reside dated 04/07/22 reve risperidone 1mg tal treat schizophrenia | computers did not always save to interrupted internet access administration was printed MAR in April 2022. tation meant the MA did not lication or forgot to document. esidents' medications to be dered and documented. ent #7's physician's orders ealed there was an order for ke 1 tablet twice daily (used to 1). t #7's April 2022 electronic | | | | | |
| | revealed: -There was an entr tablet twice daily so each at 8:00am and -There was docume administered 45 of -There was no documentation of co- There was 1 oppordocumentation of co- -There were 5 | stration record (eMAR) y for risperidone 1mg take 1 cheduled for administration d 8:00pm. entation risperidone 1mg was 60 opportunities. umentation risperidone 1mg of 60 opportunities. rtunity on 04/23/22 with code "6 hospitalized". ortunities with an "X" from a through 04/30/22 at 8:00pm. | | | | | |
| | hand at the facility revealed 29 risperio | sident #7's medications on on 04/16/22 at 10:45am done 1mg tablets were istration and dispensed on ntity of 90 tablets. | | | | | |
| vision of H | Health Provider (M | w with Resident #7's Mental HP) on 05/13/22 at 11:15am It #7 was not administered his | | | | | |

| T OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | CONSTRUCTION | | E SURVEY PLETED |
|--|--|--|---|---|---|
| or connection | IDENTIFICATION NOMBER. | A. BUILDING: | | COM | |
| | HAL034150 | B. WING | | R 05/17/2022 | |
| ROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | | | | | |
| | CLEMMO | ONS, NC 2701 | 2 | | 1 |
| (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| Continued From pa | ige 150 | D 358 | | | |
| | | | | | |
| revealed: | | | | | |
| • | | | | | |
| MAR for April 2022 | | | | | |
| pm revealed: -In April 2022, the M medication adminis because the interne the some parts of t -Missing document | MAs documented some strations on a printed MAR et was unreliable throughout he facility. ation meant the MA did not | | | | |
| revealed: | | | | | |
| -She had not had ti each resident recor | me to independently check rd. | | | | |
| entered on the eMA was accurate. | AR and that documentation | | | | |
| | | | | | |
| 12:30pm revealed: | | | | | |
| processing medica eMARs daily to ens | tion orders and auditing the sure medications were | | | | |
| | AT CLEMMONS SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From par psychiatric medicat danger to himself of Interview with the M revealed: -All of the resident's the eMAR. -The computer did and the Administrat MAR for April 2022 -Some MAs may have the paper MAR. Interview with a second pm revealed: -In April 2022, the M medication administ because the interned the some parts of ti -Missing document administer the med Interview with the F revealed: -She was hired on the -She had not had ti each resident record -She had not had ti each resident record -She expected all re administered as ord Interview with the A 2:30pm revealed: -She and the RCC processing medicad eMARs daily to ensite -She and y to ensite -She and | HAL034150 STREET AT 6010 ME CLEMMONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 or 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 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 an endeministered as ordered. | DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL034150 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST AT CLEMMONS 6010 MEADOWBROOD CLEMMONS, NC 2701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 150 D 358 psychiatric medications as ordered, he could be a danger to himself or others. D 358 Interview with the MA on 05/16/21 at 4:45pm revealed: D 358 -All of the resident's received their medications on the eMAR. D 358 -The computer did not save all documentation and the Administrator gave the MAs a printed MAR for April 2022. D 358 -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 was hired on 05/02/22 as the RCC. -She was responsible to ensure orders were entered on the eMAR and that documentation was accurate. | DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL034150 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WILT BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF (EACH ORCEC'N'R ACC CROSS-REFERENCED) Continued From page 150 D 358 psychiatric medications as ordered, he could be a danger to himself or others. D 358 Interview with the MA on 05/16/21 at 4:45pm revealed: D 358 -All of the resident's received their medications on the eMAR. D 358 -The computer did not save all documentation and the Administrator gave the MA's a printed MAR for April 2022. Some MA's 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 MA's documented some medication administrations on a printed MAR because the internet was unreliable throughout the some parts of the facility. | DE CORRECTION IDENTIFICATION NUMBER: A. BUILDING: |

STATE FORM

| | of Health Service Re | | | CONSTRUCTION | | | |
|---------------|-------------------------------------|---|----------------|--|----------------|--------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID | _ | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET | |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO T | HE APPROPRIATE | DATE | |
| | | | | DEFICIENC | Y) | | |
| D 358 | Continued From pa | age 151 | D 358 | | | | |
| | documentation due | e to interrupted internet access. | | | | | |
| | -Some medication | | | | | | |
| | documented on a p | printed MAR in April 2022. | | | | | |
| | -Missing document | ation meant the MA did not | | | | | |
| | | lication or forgot to document. | | | | | |
| | | esidents' medications to be | | | | | |
| | administered as or | dered and documented. | | | | | |
| | i Boviow of Booida | nt #7'a physician'a ordera | | | | | |
| | | ent #7's physician's orders ealed there was an order for | | | | | |
| | | take 1 tablet two times day | | | | | |
| | (used to treat schiz | | | | | | |
| | ` | , , | | | | | |
| | | t #7's April 2022 electronic | | | | | |
| | | stration record (eMAR) | | | | | |
| | revealed: | | | | | | |
| | | y for hydroxyzine 25mg take 1 | | | | | |
| | | y scheduled for administration | | | | | |
| | each at 8:00am an | entation hydroxyzine 25mg | | | | | |
| | | 14 of 60 opportunities. | | | | | |
| | | umentation hydroxyzine 25mg | | | | | |
| | | 15 of 60 opportunities. | | | | | |
| | | rtunity on 04/23/22 with | | | | | |
| | documentation of c | ode ["] 6 hospitalized". | | | | | |
| | | | | | | | |
| | | sident #7's medications on | | | | | |
| | | on 04/16/22 at 10:45am | | | | | |
| | | yzine 25mg tablets were istration and dispensed on | | | | | |
| | 04/22/22 for a quar | • | | | | | |
| | | , | | | | | |
| | | dent #7 on 05/16/21 at 11:20 | | | | | |
| | am revealed: | | | | | | |
| | | ar with all the medications he | | | | | |
| | took what they look | | | | | | |
| | him and what the d | the medication aide (MA) gave | | | | | |
| | | dications he was supposed to | | | | | |
| | take. | | | | | | |
| vision of H | ealth Service Regulation | | ļ | | | <u> </u> | |

Division of Health Service Regulation STATE FORM

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| Division | of Health Service Re | egulation | | | FORM | APPROVE |
|--------------------------|--|--|---------------------|---|--------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | AT CLEWIMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\ | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | age 152 | D 358 | | | |
| | because he was new were following him. -He had not slept w -He still felt nervous himself or others. Attempted telephor responsible party o unsuccessful. Telephone interview Health Provider (M revealed if Residen | vell for several weeks. s but denied wanting to harm he interview with Resident #7's n 05/16/22 at 1:43pm was w with Resident #7's Mental HP) on 05/13/22 at 11:15am at #7 was not administered his tions as ordered, he could be a | | | | |
| | revealed: -All of the resident's the eMAR. -The computer did and the Administrat MAR for April 2022 -Some MAs may ha the paper MAR. Interview with a sec pm revealed: -In April 2022, the M medication adminis | ave forgotten to document on cond MA on 05/16/22 at 5:30 MAs documented some strations on a printed MAR | N | | | |
| | the some parts of t -Missing document administer the med Interview with the F revealed: -She was hired on | et was unreliable throughout he facility. ation meant the MA did not lication or forgot to document. RCC on 05/16/22 at 8:50am 05/02/22 as the RCC. me to independently check | | | | |

Division of Health Service Regulation STATE FORM

| Division | of Health Service Re | egulation | | | FORM APPROVED |
|--------------------------|--|--|---------------------|--|---|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | |
| THE IVY | AT CLEMMONS | | | MALL COURT | |
| | | | ONS, NC 2701 | 2 PROVIDER'S PLAN OF | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BECOMPLETETHE APPROPRIATEDATE |
| D 358 | Continued From pa | ige 153 | D 358 | | |
| | each resident recor -She was responsile entered on the eMA was accurate. -She expected all re administered as ord Interview with the A 12:30pm revealed: -She and the RCC processing medicate eMARs daily to ense administered as ord -In April 2022, the of documentation due -Some medication a documented on a p -Missing document administer the med -She expected all re administered as ord 2. Review of Reside revealed an order f every 7 days on Mo osteoporosis and s | rd. ble to ensure orders were AR and that documentation esidents' medications to be dered. dered. were responsible for tion orders and auditing the sure medications were dered. computers did not always save to interrupted internet access | | | |
| | -There was an entr 70mg once weekly -There was docume | y for alendronate sodium on Mondays at 8:00am. entation that alendronate administered on 03/14/22, 8/22. | | | |

| | of Health Service Re | | | | | |
|--------------------------|--|---|---------------------|--|-----------------|-------------------------|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| D 358 | Continued From pa | ge 154 | D 358 | | | |
| | Review of Resident revealed: -There was an entr 70mg once weekly -There was docume sodium 70mg was a 04/25/22. -There was no docu sodium 70mg was a 04/18/22 both on th which was used in a the facility was not save data entered. Review of Resident revealed: -There was an entr 70mg once weekly -There was docume that alendronate so on 05/09/22. -There was no docu sodium 70mg was a Observation of Resi hand on 05/10/22 a 3 tablets of alendro for administration; t 03/28/22 for 4 table Interview with Resid 10:25am revealed: -She had osteoporo medication to preve- | t #3's April 2022 record eMAR y for alendronate sodium on Mondays at 6:30am. entation that alendronate administered on 04/04/22 and umentation alendronate administered on 04/11/22 and the eMAR and the paper MAR April 2022 when the internet in working and the eMAR did not t #3's May 2022 record eMAR y for alendronate sodium on Mondays at 6:30am. entation by the MA's initials dium 70mg was administered umentation alendronate administered on 05/02/22. ident #3's medications on t 4:05pm revealed there were onate sodium 70mg available he dispensed label was dated its. dent #3 on 05/10/22 at osis and took a weekly ent fractures. ember the name of the | | | | |
| | medication to preve -She could not rem medication but she water and sit up for -She had not been | ent fractures. ember the name of the had to take it with a glass of 30 minutes after she took it. administered the weekly he was admitted on 03/11/22 | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|---|--|---------------------|--|-----------------------------------|-------------------------|
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | | 03/ | 17/2022 |
| | | | | | | |
| THE IVY | AT CLEMMONS | CLEMMO | ONS, NC 27012 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | ige 155 | D 358 | | | |
| | name, told her abo | (MA), she did not know the ut 2 weeks ago that the the system" but that the order | | | | |
| | Provider (PCP) on -Resident #3 had a -She ordered alend weekly for Residen March 2022. -If she did not recei alendronate sodium worsening osteopol bone fractures. -She expected the medications as ord | en notified Resident #3 was | | | | |
| | contracted pharmad revealed: -Resident #3 had a sodium 70mg once -Alendronate sodiuu facility on 03/11/22 -There were no oth | w with the facility's previous cy on 05/12/22 at 5:00pm n for order alendronate weekly dated 03/10/22. m 70mg was dispensed to the for a quantity of 4 tablets. er dispense dates for n 70mg for Resident #3. | | | | |
| | pharmacy on 05/12 -Resident #3 had a sodium 70mg once -Alendronate sodiuu facility on 03/28/22 -There were no oth | w with the facility's contracted 2/22 at 5:06pm revealed: n order for alendronate weekly dated 03/28/22. m 70mg was dispensed to the for a quantity of 4 tablets. er dispense dates for n 70mg for Resident #3. | | | | |
| | Interview with a MA | on 05/16/22 at 4:45pm | | | | |

| | of Health Service Re IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | E SURVEY |
|---------------|---|--|-----------------|--|----------------|---------------------|
| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | | | MALL COURT | | |
| HE IVY | AT CLEMMONS | | NS, NC 27012 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | ge 156 | D 358 | | | |
| | revealed: | | | | | |
| | | esident #3 occasionally but | | | | |
| | | jiving her alendronate sodium. | | | | |
| | | ation on the eMAR or paper | | | | |
| | | a medication was not given or | | | | |
| | the MA forgot to do | cument. | | | | |
| | Interview with a sec | ond MA on 05/16/22 at | | | | |
| | 5:30pm revealed: | | | | | |
| | | it #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. | | | | | |
| | | I not care to document and left | | | | |
| | the eMAR and paper MAR with a lot of missing documentation. | | | | | |
| | | cheduler/MA on 05/12/22 at | | | | |
| | 12:10pm revealed: | | | | | |
| | | interim Resident Care since early April 2022 (she | | | | |
| | | r the date) until the new RCC | | | | |
| | | ble to make sure the resident | | | | |
| | | ct and that MAs documented | | | | |
| | medication adminis | 5 | | | | |
| | | specifically Resident #3's | | | | |
| | April 2022. | umentation for alendronate for | | | | |
| | | he MAs daily to check for | | | | |
| | | ition on the eMARs, but some | | | | |
| | MAs still did not rec | heck their entries. | | | | |
| | . | she continued to work in the | | | | |
| | | eduler and filled in as MA when | | | | |
| | staff called out of w | | | | | |
| | -She did not have e all residents' eMAR | nough time to properly audit | | | | |
| | an residents ennak | 3 anu unueis. | | | | 1 |

| Division of Health Service Re | JUIAUUI | | | | |
|--|---|-------------------------------|--|-----------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: | E CONSTRUCTION | | LETED |
| | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | 6010 ME | ADOWBROOK | (MALL COURT | | |
| THE IVY AT CLEMMONS | CLEMMO | NS, NC 2701 | 2 | | |
| PREFIX (EACH DEFICIENCY | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE | (X5) COMPLETE DATE |
| D 358 Continued From pag | ge 157 | D 358 | | | |
| Interview with the R revealed: -She was hired 05/0 -She was responsib on the eMAR and w -She expected all re administered as ord -The missing docum eMAR could mean t given or that the MA medication administ -She did not know w Resident #3's alend documented as adm had been used. Interview with the Ad 12:30pm revealed: -She became the Ad the beginning of Ap -She and the RCC w processing medicat eMARs daily to ensu administered as ord -She was aware the administration docu resident's eMARs. -In April 2022, the M a printed MAR due for properly causing the be saved. -The facility had a lo especially in April 20 documentation on p -Missing documentat would mean the me MAS just forgot to do | CC on 05/16/22 at 8:50am 02/22 as the RCC. Net for contacting the primary to clarify medication orders. Net to ensure orders were put rere accurate. esidents' medications to be lered. mentation on Resident #3's that the medication was not as forgot to document the tration. Why there were 6 days in which ronate sodium was ministered, but only 5 tablets dministrator on 05/16/22 at dministrator at the facility at ril 2022. were responsible for ion orders and auditing the ure medications were lered. ere were medication mentation missing on all the 1As were told to document on to the internet not functioning e eMAR documentation not to of internet down time 022 and MAs had to fill in | | | | |

Division of Health Service Regulation STATE FORM

| | of Health Service Re | | <u> </u> | | | |
|---------------|--|--|----------------------------|--|------------------------|---------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY IPLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 27012 | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | · · | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET |
| D 358 | Continued From pa | ge 158 | D 358 | | | |
| | and how she still have were dispensed. -She did not know version sodium tablets were -She expected all M documentation for a -She expected all readministered as ordered administered and administered as a day before a d | As to fill in missing all medications administered. esidents' medications to be dered. ent #3's physician's orders ealed there was an order for al 3 times a day before meals in deficiencies). #3's April 2022 electronic tration record (eMAR) y for Ellis tonic take 15ml 3 meals schedule at 06:30am, | | | | |
| | medications. | ed any of her medications and | | | | |

| STATEMEN | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|--|------------------|--|-----------------|--------------------|--|
| | | | | A. BUILDING: | | | |
| | | HAL034150 | 034150 B. WING | | | R 5/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | , ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From pa | ige 159 | D 358 | | | | |
| D 358 | Provider (PCP) on -She expected the medications as ord -She had never been not receiving any of Interview with the M revealed: -All of the resident's the eMAR. -The computer did and the Administration MAR for April 2022 -Some MAs may have the paper MAR. | en notified Resident #3 was f her medications. /A on 05/16/21 at 4:45pm s received their medications or not save all documentation tor gave the MAs a printed | n | | | | |
| | medication adminis because the interne the some parts of the -Missing document | MAs documented some strations on a printed MAR et was unreliable throughout he facility. ation meant the MA did not lication or forgot to document. | | | | | |
| | revealed: -She was hired on (-She had not had ti each resident recor -She was responsit entered on the eMA was accurate. -She expected all re administered as ore | ole to ensure orders were AR and that documentation esidents' medications to be dered. | | | | | |
| | 12:30pm revealed: | dministrator on 05/16/22 at were responsible for | | | | | |

STATE FORM

If continuation sheet 160 of 239

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|--|------------------|---|-----------------|--------------------|--|
| | 0. 00 | | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From pa | age 160 | D 358 | | | | |
| | eMARs daily to ens administered as ord -In April 2022, the of documentation due -Some medication a documented on a p -Missing document administer the med -She expected all re administered as ord c. Review of Resided dated 04/07/22 reve flecainide acetate 1 (used to treat irregu Review of Resident medication administered as ord c. Review of Resident medication administered as ord c. Review of Resident medication administered as ord flecainide acetate 1 (used to treat irregu Review of Resident medication administered as ord c. There was an entr take ½ tablet twice 8:00pm. -There was document 100mg take ½ tablet 52 of 60 opportunitie Observation of Resident acetate available for dispensed on 03/30 tablets. Interview with Resident | computers did not always save a to interrupted internet access administration was printed MAR in April 2022. (ation meant the MA did not lication or forgot to document. esidents' medications to be dered and documented. (ation gravely an order for loomg take ½ tablet twice daily ular heart beats). t #3's April 2022 electronic stration record (eMAR) y for flecainide acetate 100mg daily scheduled at 8:00am and entation flecainide acetate et twice daily was administered ies. umentation flecainide acetate et twice daily was administered | / / | | | | |
| | 10:25am revealed: -She could not rem | ember the names of all her | | | | | |

STATE FORM

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
|--------------------------|---|---|---------------------|--|----------------------------------|-------------------------|
| | | HAL034150 | B. WING | | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | | | ONS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | age 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. | | | | | |
| | revealed: -All of the resident's the eMAR. -The computer did and the Administrat MAR for April 2022 | <i>I</i> A on 05/16/21 at 4:45pm s received their medications or not save all documentation tor gave the MAs a printed ave forgotten to document on | n | | | |
| | pm revealed: -In April 2022, the M medication adminis because the interne the some parts of t -Missing document | cond MA on 05/16/22 at 5:30 MAs documented some strations on a printed MAR et was unreliable throughout he facility. ation meant the MA did not lication 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. | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | | | | R | |
| | | HAL034150 | B. WING | | 05/ | 17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | MALL COURT | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From pa | age 162 | D 358 | | | | |
| D 358 | 12:30pm revealed: -She and the RCC processing medica eMARs daily to ens administered as or -In April 2022, the of documentation due -Some medication documented on a p -Missing document administer the med -She expected all re administered as or d. Review of Reside dated 04/07/22 reve | were responsible for tion orders and auditing the sure medications were dered. computers did not always save a to interrupted internet access administration was printed MAR in April 2022. cation meant the MA did not lication or forgot to document. esidents' medications to be dered and documented. ent #3's physician's orders ealed there was an order for a 1 tablet 2 times a day (used | | | | | |
| | medication adminis revealed: -There was an entr tablet 2 times a day 8:00pm. -There was docume administered 49 of -There was no doc administered 8 of 6 -There were 3 oppo of code "9 see prog -There were no pro available for review | umentation apixaban 5mg was 0 opportunities. ortunities with documentation gress note". ogress notes for April 2022 | | | | | |
| | hand at the facility of revealed there were | on 04/10/22 at 4:05pm e 14 tablets of apixaban 5mg istration and dispensed on | | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | | | E SURVEY PLETED |
|---------------|--|---|--------------------|--|-----------------|--------------------|
| | | | | | R | |
| | | HAL034150 | | | | 05/17/2022 |
| IAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID PROVIDER'S PLAN | | CORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | ge 163 | D 358 | | | |
| | 04/15/22 for a quar | tity of 60 tablets. | | | | |
| | Interview with Resid | dent #3 on 05/10/22 at | | | | |
| | 10:25am revealed: | ember the names of all her | | | | |
| | medications. | | | | | |
| | -She had not refuse took what the MAs | ed any of her medications and gave her. | | | | |
| | | dent #3's Primary Care | | | | |
| | Provider (PCP) on 05/12/22 at 9:35am revealed: -She expected the facility to administer all | | | | | |
| | medications as ord | ered. | | | | |
| | -She had never bee not receiving any of | en notified Resident #3 was f_her medications. | | | | |
| | Interview with the M revealed: | 1A on 05/16/21 at 4:45pm | | | | |
| | the eMAR. | s received their medications on | | | | |
| | | not save all documentation for gave the MAs a printed | | | | |
| | | ave forgotten to document on | | | | |
| | pm revealed: | cond MA on 05/16/22 at 5:30 | | | | |
| | medication adminis | MAs documented some strations on a printed MAR | | | | |
| | because the interne the some parts of the | et was unreliable throughout he facility. | | | | |
| | -Missing document | ation meant the MA did not | | | | |
| | administer the med | lication or forgot to document. | | | | |
| | Interview with the R revealed: | RCC on 05/16/22 at 8:50am | | | | |
| | | 05/02/22 as the RCC. me to independently check | | | | |

Division of Health Service STATE FORM

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034150 | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED R 05/17/2022 | |
|--------------------------|---|--|---------------------|--|--|-------------------------|
| | | | | | 03/ | 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | | | MALL COURT | | |
| THE IVY | AT CLEMMONS | | ONS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | ge 164 | D 358 | | | |
| | -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. | | | | | |
| | 12:30pm revealed: -She and the RCC processing medical eMARs daily to ensign administered as ord -In April 2022, the of documentation due -Some medication a documented on a p -Missing document administer the med -She expected all re- | computers did not always save to interrupted internet access | | | | |
| | dated 04/07/22 rev | ent #3's physician's orders ealed there was an order for ake 2 capsules 2 times a day of appetite). | | | | |
| | medication adminis revealed: -There was an entr capsules 2 times a 8:00pm. -There was docume capsules was admi | t #3's April 2022 electronic stration record (eMAR) y for dronabinol 2.5mg take 2 day scheduled at 8:00am and entation dronabinol 2.5mg 2 nistered 42 of 60 | | | | |
| | 2 capsules was adr opportunities. -There was 1 oppor | umentation dronabinol 2.5mg ministered 8 of 60 rtunity documented with initials downtime medication | 3 | | | |

STATE FORM

| STATEMEN | of Health Service Re NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | | | E SURVEY PLETED |
|--------------------------|---|--|---------------------------------|--|-----------------|--------------------------|
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM | (MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | age 165 | D 358 | | | |
| | of code "9 see prog | prtunities with documentation gress note". gress notes for April 2022 | | | | |
| | 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. | | | | | |
| | 10:25am revealed: -She could not rem medications. | ember the names of all her ed any of her medications and | | | | |
| | Provider (PCP) on -She expected the medications as ord | en notified Resident #3 was | | | | |
| | Interview with the N revealed: | A on 05/16/21 at 4:45pm received their medications or | n | | | |
| | and the Administrat MAR for April 2022 | not save all documentation tor gave the MAs a printed ave forgotten to document on | | | | |
| | pm revealed: -In April 2022, the N | cond MA on 05/16/22 at 5:30 MAs documented some strations on a printed MAR | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|--|---|--|-----------------------------------|-------------------------|
| | | | / · · · · · · · · · · · · · · · · · · · | | R | |
| | | HAL034150 | B. WING | | | 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | ge 166 | D 358 | | | |
| D 358 | Continued From page 166 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. | | | | | |
| | documentation due -Some medication documented on a p -Missing document administer the med -She expected all re | computers did not always save to interrupted internet access administration was printed MAR in April 2022. ation meant the MA did not lication or forgot to document. esidents' medications to be dered and documented. | | | | |
| | dated 04/07/22 revelopment of the comprazole 20mg f | ent #3's physician's orders ealed there was an order for take 2 capsules 2 times a day oesophageal reflux disease). | | | | |
| | medication adminis revealed: | t #3's April 2022 electronic stration record (eMAR) y for omeprazole 20mg take 2 | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|---------------|--|---|----------------|--|---------------|--------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | DOWBROOM | (MALL COURT 2 | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CO | ORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) | E APPROPRIATE | COMPLETE DATE |
| D 358 | Continued From pa | ge 167 | D 358 | | | |
| | 8:00pm. -There was docume capsules was admi opportunities. -There was no docu take 2 capsules was opportunities. -There were 3 oppordimeters of code "9 see proge- There were no pro- available for review Observation of Ressimal at the facility of revealed there were 20mg available for on 04/25/22 for a quarter Interview with Reside 10:25am revealed: -She could not remmedications. -She had not refused took what the MAs Interview with Reside Provider (PCP) on the second -She had never been not receiving any of Interview with the Marevealed: -She had never been not receiving any of Interview with the Marevealed: -She had never been -She had never b | umentation omeprazole 20mg s administered 20 of 60 ortunities with documentation gress note". gress notes for April 2022 '. bident #3's medications on on 04/10/22 at 4:05pm e 92 capsules of omeprazole administration and dispensed uantity of 120 tablets. dent #3 on 05/10/22 at ember the names of all her ed any of her medications and gave her. dent #3's Primary Care 05/12/22 at 9:35am revealed: facility to administer all ered. en notified Resident #3 was | | | | |
| | the eMAR. -The computer did | not save all documentation for gave the MAs a printed | | | | |

Division of Health Service Regulation STATE FORM

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|--|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 358 | Continued From pa | ge 168 | D 358 | | | | |
| | -Some MAs may have forgotten to document on the paper MAR. | | | | | | |
| | pm revealed: -In April 2022, the M medication adminis because the internet the some parts of th -Missing document administer the med Interview with the R revealed: -She was hired on 0 -She had not had ti each resident recor -She was responsit | ation meant the MA did not lication or forgot to document. RCC on 05/16/22 at 8:50am 05/02/22 as the RCC. me to independently check | | | | | |
| | administered as or | esidents' medications to be dered. .dministrator on 05/16/22 at | | | | | |
| | 12:30pm revealed: -She and the RCC processing medicate eMARs daily to ensign administered as ord -In April 2022, the of documentation due -Some medication a documented on a p -Missing document administer the med -She expected all re- | were responsible for tion orders and auditing the sure medications were dered. computers did not always save to interrupted internet access | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | |
|-------------------|-------------------------------------|--|--------------------------------|---|-----------------|----------------|
| | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: B. WING | | COMPLETED | |
| | | HAL034150 | | | R 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOM | MALL COURT | | |
| | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| | | | | DEFICIENC | JY) | |
| D 358 | Continued From pa | age 169 | D 358 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 3 Review of Resid | ent #5's current FL2 dated | | | | |
| | 04/07/22 revealed: | | | | | |
| | | d major depressive disorder, | | | | |
| | nightmare disorder | | | | | |
| | -She was intermitte | entry disonemed. | | | | |
| | a. Review of Resid | ent #5's order summary report | | | | |
| | | ealed there was an order for | | | | |
| | | cation used to treat | | | | |
| | depression) 40mg | dally. | | | | |
| | Review of signed p | hysician order dated 05/26/21 | | | | |
| | | an order for citalopram 40mg | | | | |
| | daily. | | | | | |
| | Review of Residen | t #5's March 2022 electronic | | | | |
| | | stration record (eMAR) | | | | |
| | revealed: | | | | | |
| | | y for citalopram 40mg, take | | | | |
| | one tablet daily at 8 | was documented as | | | | |
| | | from 03/05/22 through | | | | |
| | | r 03/28/22 and 03/29/22 where | | | | |
| | | mentation on the eMAR. | | | | |
| | | was documented as not | | | | |
| | | 03/01/22 through 03/04/22 due ng out of the facility. | • | | | |
| | | iy out of the facility. | | | | |
| | | t #5's April 2022 eMAR | | | | |
| | revealed: | - f | | | | |
| | | y for citalopram 40mg, take | | | | |
| | one tablet daily at 8 | was documented as | | | | |
| | | from 04/01/22 through | | | | |
| | 04/30/22 except for | r the following days which had | | | | |
| | | 04/02/22, and 04/10/22 | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | E CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|---|---------------------------|--|-----------------|-----------------------------|--|
| | | | | | R | | |
| | | HAL034150 | HAL034150 B. WING | | | 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOP ONS, NC 2701 | Y MALL COURT | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLE ⁻ DATE | |
| D 358 | Continued From pa | age 170 | D 358 | | | | |
| | through 04/15/22. | | | | | | |
| | Review of Resident #5's May 2022 eMAR | | | | | | |
| | revealed: | y for citalopram 40mg, take | | | | | |
| | one tablet daily at 8 | 3:00am. | | | | | |
| | | was documented as not 5/04/22, 05/07/22, 05/09/22 | | | | | |
| | and 05/10/22. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | Review of Resident | t #5's Progress Notes | | | | | |
| | revealed: -On 05/04/22 a me | dication aide $(M\Lambda)$ | | | | | |
| | documented that ci | talopram was not available on | | | | | |
| | the medication cart follow-up with the p | and she would continue to | | | | | |
| | -On 05/07/22, a MA | A documented that citalopram | | | | | |
| | was not on the med -On 05/08/22 a M | dication cart. A documented that she was | | | | | |
| | waiting on the arriv | al of citalopram from the | | | | | |
| | pharmacy. | A documented that citalopram | | | | | |
| | was not on the med | dication cart and she would | | | | | |
| | follow-up with the p | harmacy. | | | | | |
| | | dication on hand for Resident | | | | | |
| | | 1:10am revealed there was no n the medication cart. |) | | | | |
| | | on 05/11/22 at 11:15am | | | | | |
| | revealed: -She did not admin | istered citalopram to Resident | | | | | |
| | #5 that morning (05 | 5/11/22) because it was not in | | | | | |
| | the medication cart -She saw in the eM | IAR system that a refill for | | | | | |
| | citalopram for Resi | dent #5 had been requested | | | | | |
| | on 05/05/22, so she day to follow-up on | e would call the pharmacy that the refill request. | | | | | |
| | -Refill requests wer | re supposed to be sent to the | | | | | |
| ision of U | ealth Service Regulation | nedications running out. | | | | | |

| Division | of Health Service Re | egulation | | | FURI | APPROVE |
|--------------------------|---|---|---------------------|--|----------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | AT CLEWIMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | age 171 | D 358 | | | |
| | either by sending a | request a refill of medication fax to the pharmacy, calling itting the "Refill" button on the | | | | |
| | Telephone interview with the facility's contrapharmacy on 05/11/22 at 1:35pm revealed: -They had been the facility's contracted phasince 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 the (05/11/22) and would be delivering the medito the facility that afternoon. | /22 at 1:35pm revealed: e facility's contracted pharmacy arch 2022. ed citalopram 40mg for 01/22 for a quantity of 30 I a refill request for Resident ng prescription earlier that day Id be delivering the medication | | | | |
| | contracted pharma revealed they had I | w with the facility's previous cy on 05/11/22 at 1:50pm ast dispensed citalopram #5 on 02/23/22 for a quantity | | | | |
| | revealed: -She had documen administered on 05 the medication was medication cart for -She documented of 05/02/22 and 05/06 have been available | her MA on 05/11/22 at 3:00pm ted citalopram 40mg as not 5/09/22 and 05/10/22 because a not available on the her to administer. citalopram as administered on 5/22 so she thought it must e for her to administer on t she ran out after 05/06/22. | | | | |
| vision of H | revealed: -She had documen administered on 05 | rd MA on 05/13/22 at 9:30am ted citalopram 40mg as 5/03/22, 05/05/22, and documented it as not 5/07/22. | | | | |

| STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---|----------------------|--|------------------|--|-----------------|---------------------|
| ND PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | A. BUILDING: | | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| AME OF F | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | AT CLEININIONS | CLEMMO | ONS, NC 27012 | 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| | | | | DEFICIENC | JY) | |
| D 358 | Continued From pa | age 172 | D 358 | | | |
| | -She documented i | n a progress note on 05/07/22 | | | | |
| | | italopram was not available to | | | | |
| | | lent #5, so she thought she | | | | |
| | | outton on the eMAR when she | | | | |
| | documented that th | | | | | |
| | administered on 05 | | | | | |
| | | ed any change in behavior for | | | | |
| | Resident #5 since i | missing doses of citalopram. | | | | |
| | Interview with a fou | urth MA on 05/16/22 at 4:15pm | | | | |
| | revealed: | ······ | | | | |
| | -She had documen | ted Resident #5's citalopram | | | | |
| | | istered on 05/04/22. | | | | |
| | | how long Resident #5 had | | | | |
| | | lopram prescription. | | | | |
| | | ed when a prescription was | | | | |
| | • | e for requesting refills of the | | | | |
| | medication, but sor | requested from the pharmacy | | | | |
| | | ered either that night or the | | | | |
| | following day. | side clarer that hight of the | | | | |
| | Tolophono intonviou | v with Resident #5's Mental | | | | |
| | | HP) on 05/13/22 at 11:10am | | | | |
| | revealed: | 111) 011 00/10/22 at 11.10am | | | | |
| | | talopram for Resident #5 to | | | | |
| | treat depression. | | | | | |
| | | for missing doses of | | | | |
| | | l increased depression or a | | | | |
| | "sensation of zappi | | | | | |
| | | As to administer citalopram | | | | |
| | | #5 daily as ordered, to request talopram running completely | | | | |
| | | right away if they needed him | | | | |
| | | cription with additional refills. | | | | |
| | Interview with the S | Scheduler/MA on 05/13/22 at | | | | |
| | 11:40am revealed: | bonequier/IVIA OII 03/13/22 at | | | | |
| | | ponsible for requesting refills | | | | |
| | | | ii 1 | | | 1 |

| Division | of Health Service Re | egulation | | | | APPROVE |
|---------------|---|---|---------------------------|---|---------------------------------|--------------------|
| STATEME | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | B. WING | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | MALL COURT | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF (| | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | COMPLETE DATE |
| D 358 | Continued From pa | ige 173 | D 358 | | | |
| | last column in the r -All the MAs had be the pharmacy for m -She had been resp duties of the Reside from March 2022 th 2022, and part of th completing audits of -She completed au other week but had missed doses of cit Observation of the 1:15pm revealed: -There was a medie with citalopram 40m date of 05/11/22. -The medication ca overstock medication drawer of the cart. Interview with the A 1:05pm revealed: -She was unaware doses of citalopram | een trained on how to contact nedication refills. consible for completing the ent Care Coordinator (RCC) nrough the beginning of May nose duties included of the eMAR. dits of the eMAR around every not noticed Resident #5 had talopram. medication cart on 05/13/22 at cation card for Resident #5 ng tablets and a dispensed and was in another resident's on section in the bottom | t | | | |
| | a day to ensure even medication that the -She did not know v completing the medicatio | ery resident had every y needed. which shift was responsible for | | | | |
| | thereafter. -Blank spaces on th medication was eith documented. -MAs were expected | ne eMAR indicated that a ner not administered or not ed to request medication refills ng out so that no doses would | | | | |

STATE FORM

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|--|-------------------------|--|-----------------|--------------------|
| | | | A. BUILDING: B. WING | | | |
| | | HAL034150 | | | | R 05/17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | age 174 | D 358 | | | |
| | he expected MAs to them running out, a they did or did not a | n 05/17/22 at 4:20pm revealed o refill medications prior to and to document every time administer a medication. | | | | |
| | at 1:20pm was uns | v with Resident #5 on 05/13/22 uccessful. | 2 | | | |
| | dated 04/07/22 revelocities divalproex (an antic | ent #5's order summary report ealed there was an order for convulsant medication that was treat bipolar disorder) 250mg | | | | |
| | | hysician order dated 05/26/21 an order for divalproex et twice daily. | | | | |
| | revealed: -There was an entr one tablet twice dai -Divalproex 250mg administered twice through 03/31/22 a 8:00am doses on 03 8:00pm dose on 03 documentation on t -Divalproex 250mg administered from | t #5's March 2022 eMAR y for divalproex 250mg, take ily at 8:00am and 8:00pm. was documented as daily from 03/04/22 at 8:00pm t 8:00am, except for the 03/28/22 and 03/29/22 and the 8/31/22 where there was no the eMAR. was documented as not 03/01/22 through the 8:00am lue to Resident #5 being out of | | | | |
| | revealed: -There was an entr one tablet twice da | t #5's April 2022 eMAR y for divalproex 250mg, take ily at 8:00am and 8:00pm. icumented as administered | | | | |

PRINTED: 06/07/2022 FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|------------------------------|---|-------------------------------|-----------------|--|
| | | | A. BUILDING: | | | | |
| | | HAL034150 | HAL034150 B. WING | | | R 95/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| CORRECTION | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From pa | ge 175 | D 358 | | | | |
| | except for the follow documentation: 8:0 | 01/22 through 04/30/22 ving days which had no 0am dose from 04/10/22 and the 8:00pm dose on and 04/14/22. | | | | | |
| | one tablet twice daily a -Divalproex 250mg wa administered for the 8: | y for divalproex 250mg, take ly at 8:00am and 8:00pm. was documented as not e 8:00am dose on 05/04/22, and 05/09/22 and the 8:00pm | n | | | | |
| | revealed: -On 05/04/22 at 8:2 divalproex was not cart and she would -On 05/05/22 at 10: divalproex was not on order." -On 05/06/22 at 10: divalproex was not was notified. -On 05/07/22 at 8:5 divalproex was goir pharmacy that after -On 05/07/22 at 7:5 divalproex was not cart and that the ph -On 05/08/22 at 8:0 she was waiting on the pharmacy. -On 05/08/22 at 8:3 divalproex was not | #5's Progress Notes 8am, a MA documented that available on the medication follow-up with the pharmacy. 59pm, a MA documented that administered due to "waiting 03pm, a MA documented that available and the pharmacy 3am, a MA documented that ng to be delivered from the moon. 3pm, a MA documented that available on the medication armacy had been notified. 2am, a MA documented that the arrival of divalproex from 7pm, a MA documented that administered and pharmacy | | | | | |
| | was notified. | lication on hand for Resident | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | | |
|--|---|---|---------------------|--|-----------------------------------|-------------------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | СОМ | PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 358 | Continued From pa | ige 176 | D 358 | | | | |
| | two medication care tablets and a dispe | 1:10am revealed there were ds with divalproex 250mg nsed date of 05/09/22, one one with 27 out of 30 tablets | | | | | |
| Interview with a MA on 08 revealed: -She had documented di administered for Resider 05/03/22 and 05/05/22. -She had documented di administered for Resider 05/07/22 and 05/08/22. -She could not remembe run out of her prescription thought that if she had do administered on 05/05/22 after that. -She did not know if anyo of Resident #5's divalpro on a shift prior to hers mu Interview with another Ma revealed: -She had documented Re as not administered on 0 -She did not know how lo been out of her divalproe -Any MA who worked who low was responsible for r medication, but some MA -When a refill was request | ted divalproex 250mg as esident #5 at 8:00am on 5/22. ted divalproex 250mg as not esident #5 at 8:00am on 8/22. ember when Resident #5 had cription for divalproex but | 1 | | | | | |
| | revealed: -She had documen as not administered -She did not know h been out of her diva -Any MA who worke low was responsible medication, but sor -When a refill was n it was usually delive | how long Resident #5 had alproex prescription. ed when a prescription was e for reordering the | | | | | |
| | Health Provider (M revealed: | v with Resident #5's Mental HP) on 05/13/22 at 11:10am roex for Resident #5 because | | | | | |

| T OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | (V2) DAT | |
|----------------------|--|--|--|--|-----------------|
| OF CORRECTION | | | | (X3) DATE SURVEY COMPLETED R 05/17/2022 | |
| | HAL034150 | B. WING | | | |
| ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | 6010 MEA | DOWBROOK | MALL COURT | | |
| AT CLEMMONS | CLEMMO | NS, NC 2701 | 2 | | |
| | | ID | | | (X5) |
| | | PREFIX TAG | CROSS-REFERENCED TO TH | E APPROPRIATE | COMPLET DATE |
| Continued From pa | ge 177 | D 358 | | | |
| she had a diagnosis | s of bipolar disorder. | | | | |
| | | | | | |
| | 5 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| • | o , , | | | | |
| additional refills. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 05/09/22 with a quantity of 60 | | | | |
| | | | | | |
| | cheduler/MA on 05/13/22 at | | | | |
| - | s a MA on 05/07/22 and | | | | |
| | | | | | |
| | | | | | |
| medication cart; she | e requested a refill from the | | | | |
| | | | | | |
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| 0, 1 | • | | | | |
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| that time. | g that it was not a valiable at | | | | |
| | AT CLEMMONS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa she had a diagnosis -Potential adverse r divalproex included aggression, and ps - He expected the M twice daily as order -The facility had his expected staff to ca needed him to rene additional refills. Telephone interview pharmacy on 05/13 dispensed divalproe #5 on 04/01/22 and tablets each time. Interview with the S 11:40am revealed: -She had worked as documented divalpr Resident #5 becaus medication cart; she pharmacy that day. -The MAs were resi of prescriptions from running out, usually last column in the m -All the MAs had be the pharmacy for m -She had been resp duties of the RCC fi beginning of May 20 included completing -She completed aud other week but had missed doses of div 05/07/22 and seeing | ROVIDER OR SUPPLIER STREET AD 6010 MEA CLEMMONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 177 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 | HAL034150 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST 6010 MEADOWBROOK CLEMMONS, NC 2701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG 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. D 358 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 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 han on toniced Resident #5 had missed doses of divalproex prior to working 05/07/22 and seeing that | HAL034150 BUMING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012 PROVIDERS PLAN OF CO (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) Image: SumMARY STATEMENT OF DEFICIENCIES (EACH OORRECTIVE AND OF CL (EACH OORRECTIVE AND OF (ISACIDATION) D ID 5058 INTO TO TOTAL INTO TO TOTAL TOTAL (EACH OORRECTIVE AND OF CL (EACH OORRECTIVE AND OF CL (EACH OORRECTIVE AND OF CL (EACH OORRECTIVE AND OF (ISACIDATION) ID CL (EACH OORRECTIVE AND OF CL (EACH OORRECTIVE AND OF (ISACIDATION) | |

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| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM | (MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLE DATE |
| D 358 | Continued From pa | ge 178 | D 358 | | | |
| | 1:05pm revealed: -She was unaware doses of divalproex -Medication cart au a day to ensure ever medication that the -She did not know y completing the medi- -When a medication pharmacy, she though thereafter. -Blank spaces on the medication was either documented. -MAs were expected medications prior to doses would be miss Attempted interview at 1:20pm was uns 4. Review of Resided 04/07/22 revealed: -Diagnoses included disorder, and anxie -She was intermitted Review of Resident dated 12/01/21 reve -There was a new ri- clonazepam (a Schimedication used to take 1 tablet twice as showers. -The prescription we dispense 9 tablets of additional refills available | dits should be completed once ery resident had every y needed. which shift was responsible for dication cart audits. In refill request was sent to the ught it arrived quickly the eMAR indicated that a ner not administered or not ed to request refills of them running out so that no ssed. with Resident #5 on 05/13/22 uccessful. ent #2's current FL2 dated d epilepsy, major depressive ty disorder. ently disoriented. t #2's signed physician order ealed: medication order for redule IV controlled substance treat anxiety) 0.5mg tablets, a week 30 minutes before as for the pharmacy to (a 30-day supply) with 3 | 2 | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
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| | or connection | BENTI IOATION NOMBER. | A. BUILDING: | | | |
| | | HAL034150 | | | | R 05/17/2022 |
| AME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| D 358 | Continued From pa | ge 179 | D 358 | | | |
| | | ealed there was no order listed mg, take 1 tablet twice a week showers. | | | | |
| | and May 2022 elec administration reco no entry for clonaze | t #2's March 2022, April 2022, tronic medication rd (eMAR) revealed there was epam 0.5mg, take 1 tablet nutes before showers. | | | | |
| | Note dated 04/19/2 -Resident #2 had a -The treatment goat the session was to argument 2 days ou -Resident #2's objet been getting nervou -Facility staff had re- that Resident #2 has showers since switte evening. -There was no mer | visit with a social worker. I that was focused on during complete a shower without | | | | |
| | #2 on 05/11/22 at 1 | dication on hand for Resident 1:50am revealed there was no tablets to be taken twice a ers. | | | | |
| | pharmacy on 05/16 -They started servic March 2022. -When they took ov facility, clonazepar | v with the facility's contracted /22 at 1:45pm revealed: cing the facility at the end of ver pharmacy services for the n 0.5mg twice a week 30 wers was not an active order | | | | |
| A. BUILDING: | | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, OTY, STATE, ZIP CODE MARE OF PROVIDER OR SUPPLIER STREET ADDRESS, OTY, STATE, ZIP CODE (M4) ID PRETX TAG SUMMARY STATEMENT OF DEFICIENCIES (M4) ID TAG SUMMARY STATEMENT OF DEFICIENCY (M4) ID TAG SUMMARY STATEMENT OF DEFICIENCY (M4) ID SUMMARY STATEMENT OF DEFICIENCY ID STATEMENT OF SU | | | | A. BUILDING: | | | |
| 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012 CMULTION CONSTRUCTION OF DEFICIENCY TAG SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MIST BE PRECEDED BY FULL (EACH DEFICIENCY) p PRETX TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 180 D 358 D D 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. D D 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 used to take a medication prior to bathing that helped her relax 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 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 pharmarcy and request a refill if they had run out of the | | | HAL034150 | B. WING | | R 05/17/2022 | |
| Ite IVY AT CLEMMONS CLEMMONS, NC 27012 (X4) ID TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID D REFERENCED TO THE APPROPRIATE DEFICIENCY D D 358 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D D D 358 D D 358 | NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| (M) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ID PREFIX TAG ID PREFIX TAG ID PREFIX TAG PRECOMPRESSION SHOLLD BE (EACH CORRECTED ACTION SHOLLD BE CROSS-REFERENCED TO HE APPROPRIATE DEFICIENCY) D 358 Continued From page 180 D 358 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-mont 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 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'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 | THE IVY | AT CLEMMONS | | | | | |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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: -Cionazepam 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 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 to have something to help her relax before showers. Telephone interview with Resident #2 to have something to help her relax before showers. Telephone interview with Resident #2 to have something to help her relax before showers. Telephone interview with Resident #2 to nave something to help her relax before showers. Telephone interview with Resident #2 to nave something to help her relax before showers. Telephone interview with 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 reques | (X4) ID | SUMMARY STA | | | | CORRECTION | (X5) |
| 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 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 but fore 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 | PRÉFIX | | | | CROSS-REFERENCED TO TH | HE APPROPRIATE | COMPLET DATE |
| 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'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 | D 358 | Continued From pa | age 180 | D 358 | | | |
| Interview with the Scheduler/medication aide (MA) on 05/13/22 at 11:40am revealed: -She had been responsible for the duties of the | | contracted pharma revealed: -Clonazepam 0.5m before showers wa #2 when they ende end of March 2022 -They last dispense Resident #2 on 01/ tablets which was a -The facility had no clonazepam for Re Interview with a per 05/13/22 at 10:00al -Resident #2 neede -She got very anxio and that sometimes with bathing. -Resident #2 used bathing that helped know how long it ha -It would be helpful something to help h Telephone interview Health Provider (M revealed: -He did not think th prescription for Res clonazepam 0.5mg before showers but -He expected staff request a refill if the medication. Interview with the S (MA) on 05/13/22 a | cy on 05/11/22 at 1:50pm Ig twice a week 30 minutes s an active order for Resident d services to the facility at the ed clonazepam 0.5mg for 07/22 with a quantity of 8 a one-month supply. t requested another refill of sident #2. rsonal care aide (PCA) on m revealed: ed assistance with showers. bus before getting a shower s made it hard to assist her to take a medication prior to I her relax but she did not ad been since she last took it. for Resident #2 to have her relax before showers. w with Resident #2's Mental HP) on 05/13/22 at 11:10am at he wrote the initial sident #2 to receive twice a week 30 minutes t he also did not discontinue it. to call the pharmacy and ey had run out of the Scheduler/medication aide at 11:40am revealed: | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | OF CONNECTION | IDENTIFICATION NOWIDER. | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | AT CLEMMONS | CLEMM | ONS, NC 27012 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLETI DATE |
| D 358 | Continued From pa | age 181 | D 358 | | | |
| | hired a new RCC. -Part of her respon process orders fror -She was familiar w clonazepam 0.5mg -She thought that F had discontinued th was no longer lister -She did not know w the clonazepam wa Telephone interview MHP on 05/13/22 a -Their provider saw refilled her clonaze -When they had en facility, he thought 0.5mg twice weekly | where the order to discontinue as. v with Resident #2's previous | | | | |
| | 1:05pm revealed: -She had not worke 2022. -The current Scheo | dministrator on 05/16/22 at ed for the facility until mid-April luler/MA had been responsible | | | | |
| | in from the provide -She had called the and was told the or February 2022 but | cessing new orders that came rs. a facility's previous pharmacy der had been discontinued in the pharmacy staff would not yould not fax the order to the | | | | |
| | -The MAs were exp cart audits once a c medications were a when needed; she responsible for the -The RCC was resp | bected to complete medication day to ensure that all available for administration did not know which shift was medication cart audits. ponsible for completing audits h would include verifying that | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | of connection | IDENTIFICATION NOWDER. | A. BUILDING: _ | | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | ige 182 | D 358 | | | |
| | -She expected all n | MAR were active and current. new orders to be reviewed and ame day they were received MHP. | | | | |
| | | ne interview with Resident #2's 5/16/22 at 5:15pm was | | | | |
| | 5. Review of Resident #8's current FL2 dated 04/07/22 revealed diagnoses included chronic idiopathic constipation, schizoaffective disorder bipolar type and hyperglycemia. | | | | | |
| | 04/07/22 revealed t | ent #8's current FL2 dated there was an order for o treat bipolar disorder) 325mg edtime. | 3 | | | |
| | Administration Rec revealed: -There was an entr | t #8's electronic Medication ord (eMAR) for April 2022 y for lamotrigine 200mg 1 ed for administration at | | | | |
| | administered to Re opportunities from (including on 04/27/2 | umentation lamotrigine was sident #8 for 4 of 30 04/01/22 through 04/30/22 22 and 04/29/22 with no d and on 04/28/22 and | | | | |
| | | edication not on the cart. | | | | |
| | 2022 revealed: -There was an entr tablet daily at 9:00a | | / | | | |
| | administered lamot | umentation Resident #8 was rigine for 1 of 4 opportunities ugh 05/04/22 including on edication not in. | | | | |

Division of Health Service STATE FORM

If continuation sheet 183 of 239

| | of Health Service Re | | | | • | |
|---------------|--|--|---------------------------------|--|-----------------|--------------------|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | |
| THE IVY | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID | _ | SUMMARY STATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | | (X5) |
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| D 358 | Continued From pa | age 183 | D 358 | | | |
| | facility's contracted 11:51am revealed: -There was an order tablet daily. -The pharmacy star end of March 2022 -The initial prescrip dispensed to the fa quantity of 30 table days. -The facility reques 04/27/22, but there prescription. -The pharmacy ser on 04/27/22 and re physician on 05/03/ | tion for lamotrigine was icility on 03/22/22 with a ts and should have lasted 30 ited a refill of lamotrigine on were no refills on the nt a request for an order to refil ceived the order from the /22. lispensed to the facility on | | | | |
| | facility's former con at 11:55am reveale | w with a pharmacist from the htracted pharmacy on 05/13/22 of 30 tablets of lamotrigine ly was dispensed to the facility | | | | |
| | 05/13/22 at 1:17pm -MAs were respon when the medication mark on the bubble week's worth of me -MAs reordered me | sible for reordering medication on was down to the reorder e pack and there was about a edication remaining. edication through the eMAR | | | | |
| | new prescription wa medication was ser -If she continued to the medication cart | AR system did not indicate if a as needed before the nt to the facility. b see a medication was not on t, she contacted the pharmacy I the resident's primary care | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED |
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| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
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| D 358 | Continued From pa | age 184 | D 358 | | | |
| | provider (PCP) if ne | eeded. | | | | |
| | 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 thir revealed: ealth Service Regulation | rd MA on 05/16/22 at 4:15pm | | | | |

| STATEMEN | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | age 185 | D 358 | | | |
| | delivered from the next day. -When Resident #8 and May 2022, she needed a new press out of lamotrigine. -She was not sure to request a refill for Interview with the A 1:24pm revealed: -She did not know in the facility for ad multiple days. -MAs should have cart audit to make medication cart, da were expired. -She thought the el remind the MA to re medication running -Lamotrigine should the pharmacy prior Attempted interview health provider (MH 3:35pm was unsuc b. Review of Residen Administration Rec | was reordered, it was usually pharmacy that night or on the 8 was out of lamotrigine in April e thought either Resident #8 scription, or the pharmacy was if she contacted the pharmacy or Resident #8's lamotrigine. Administrator on 05/16/22 at lamotrigine was not available ministration to Resident #8 for completed a daily medication sure medications were on the ited, and that no medications MAR system populated to eorder a medication prior to the jout. d have been reordered from to the medication running out. w with Resident #8's mental HP) provider on 05/16/22 at cessful. ent #8's current FL2 dated there was an order attached to alin (used to treat epilepsy and | | | | |
| vision of H | revealed: -There was an entr ealth Service Regulation | y for pregabalin 50mg 1 tablet | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | (X3) DATE SURVE COMPLETED | |
|-------------------|--|---|---------------------------|---|------------------------------|----------------|
| | | | | | | R |
| | | HAL034150 | B. WING | | 05/ | 17/2022 |
| IAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | (MALL COURT 2 | | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | DATE |
| D 358 | Continued From pa | ige 186 | D 358 | | | |
| | daily scheduled for administration at 9:00am and 9:00pm. | | | | | |
| - | -There was no doo | cumentation pregabalin was | | | | |
| | | sident #8 for 14 of 60 04/01/22 through 04/30/22 | | | | |
| | including on 04/02/ | 22 at 9:00am, on 04/10/22 at | | | | |
| | | 2 at 9:00am and 9:00pm, on | | | | |
| | | n, on 04/13/22 at 9:00am and 22 at 9:00am and 9:00pm, on | | | | |
| | 04/15/22 at 9:00am | n, and on 04/19/22 at 9:00am | | | | |
| ç r ç f | | umented; on 04/09/22 at 10/22 at 9:00pm due to | | | | |
| | | he cart; and on 04/12/22 at | | | | |
| | 9:00pm due to wait | | | | | |
| | | v with a pharmacist from the pharmacy on 05/16/22 at | | | | |
| | -Pregabalin 50mg 2 dispensed to the fa | 1 capsule twice daily was cility on 04/12/22 with a | | | | |
| | quantity of 60 table | ts. d have lasted 30 days. | | | | |
| | | o other requests to refill | | | | |
| | | v with a pharmacist from the tracted pharmacy on 05/16/22 d | | | | |
| | -Pregabalin 50mg ² | 1 capsule twice daily was | | | | |
| | • | cility on 01/05/22, 02/04/22, th a quantity of 60 capsules | | | | |
| | each time. | and quantity of ou oapoulos | | | | |
| | -Sixty tablets shoul | d have lasted 30 days. | | | | |
| | 05/13/22 at 1:17pm | | | | | |
| | | sible for reordering medication on was down to the reorder | | | | |
| | | e pack and there was about a | | | | |

| | of Health Service Re | | T | | | | |
|--------------------------|--|--|---------------------|--|---------------|--------------------------|--|
| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
| | | HAL034150 | B. WING | | | R)5/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | | |
| | AT OL FRIMONO | 6010 ME | DOWBROOK | MALL COURT | | | |
| IHEIVY | AT CLEMMONS | CLEMMO | NS, NC 2701 | 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE | (X5) COMPLETE DATE | |
| D 358 | Continued From pa | age 187 | D 358 | | | | |
| | system, but the eM new prescription was medication was ser -If she continued to the medication cart and then contacted provider (PCP) if ne Interview with anoth 12:07pm revealed: -Medications were last row of medicat card. -MAs faxed the req the pharmacy or re eMAR system. -If a resident was o should have looked medication cart in t -If the medication w or in overflow, she and waited until the knew where the me -She would have al and the Scheduler/ the pharmacy. Interview with a thir revealed: -MAs were response medications. -When medication delivered from the day. -She remembered pregabalin, but she | see a medication was not on t, she contacted the pharmacy I the resident's primary care eeded. her MA on 05/16/22 at to be reordered when only the ion remained in the bubble uest to refill a medication to quested a refill through the out of medication, the MA d in the bottom drawer of the he overflow medications. Was not on the medication cart documented a progress note a next shift to ask staff if they edication was. Iso let the Scheduler/MA know MA might have told her to call ard MA on 05/16/22 at 4:15pm sible for reordering was reordered, it was usually pharmacy that night or the next Resident #8 was out of regabalin | | | | | |

Division of Health Service Regulation STATE FORM

If continuation sheet 188 of 239

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|--|-------------------------------|---|-----------------|--------------------|
| | | | A. DOILDING. | | R | |
| | | HAL034150 | B. WING | | | 17/2022 |
| IAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | - PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(| THE APPROPRIATE | COMPLET DATE |
| D 358 | Continued From pa | ge 188 | D 358 | | | |
| | | ponsible for contacting 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 harmacy to see why pregabalin was not | | | | |
| | | cility and documented it in | | | | |
| | | ave also notified her if they e getting the medication in the | | | | |
| | Interview with the A 1:24pm revealed: | dministrator on 05/16/22 at | | | | |
| | | oregabalin was not available o Resident #8 for multiple | | | | |
| | -MAs should have of cart audit to make s medication cart, da | completed a daily medication sure medications were on the ted, and that no medications | | | | |
| | remind the MA to re | MAR system populated to eorder a medication prior to the | e | | | |
| | | out. have been reordered from the he medication running out. | • | | | |
| | -The eMAR system 2022, but a blank s | was out for a few days in Apri pace with no documentation | il | | | |
| | usually meant the r | nedication was not giving. | | | | |
| | | v with Resident #8's mental IP) provider on 05/16/22 at | | | | |

PRINTED: 06/07/2022 FORM APPROVED

| | NT OF DEFICIENCIES | Qulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | COM | E SURVEY PLETED | |
|--------------------------|--|---|---------------------|--|-----------------------------------|-------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 358 | Continued From pa | ge 189 | D 358 | | | | |
| | 04/07/22 revealed of ischemia, vascular chronic kidney dise gastroesophageal r abdominal aortic ar pulmonary disease dependency on oxy a. Review of Reside 04/07/22 revealed a 325mg 2 tablets ev or fever (used to tree Review of Resident summary report dat for acetaminophen as needed for pain Review of Resident 03/28/22 revealed: - The nurse providin #1 was observed ly - The resident contri the right leg when r Review of Resident 03/29/22 revealed: - The therapist note was observed sittin - The resident comp extremities with mo Review of Resident 03/31/22 revealed: - The nurse providin arrival Resident #1 | eflux disease, hypothyroidism heurysm, chronic obstructive , coronary artery disease, /gen and depression. ent #1's current FL2 dated an order for acetaminophen ery 8 hours as needed for pair eat pain). # #1's hospital discharge ted 03/21/22 revealed an orde 325mg 2 tablets every 8 hours or fever. # #1's home health note dated ng wound care noted Resident ing in bed. huously complained of pain in noved. # #1's home health note dated d upon arrival Resident #1 g up in a wheelchair. blained of pain in bilateral lowe wement. # #1's home health note dated | r s | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|--|---------------------------|--|-----------------------------------|------------------------|
| | | | A. BUILDING: | | R | |
| | | HAL034150 | B. WING | | 05/ | 17/2022 |
| IAME OF I | PROVIDER OR SUPPLIER | | DRESS, CITY, S | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | (MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| | | | | DEFICIENC | CY) | |
| D 358 | Continued From pa | 0 | D 358 | | | |
| | -The resident expre pain when moving. | essed increased complaints of | | | | |
| | 04/05/22 revealed: | t #1's home health note dated | | | | |
| | -The therapist noted Resident #1 was lying in bed. -The resident complained of pain in her right | | | | | |
| F C F F C | - The resident comp lower extremities. | plained of pain in her right | | | | |
| | | t #1's home health note dated Resident #1 complained of | | | | |
| | 04/07/22 revealed: | t #1's home health note dated | | | | |
| | -The resident comp lower extremities w | lent #1 was lying in bed. Iained of pain in the right ith movement. noaning and yelling with pain. | | | | |
| | Review of Residen medication adminis | t #1's March 2022 electronic stration record (eMAR) | | | | |
| | every 8 hours as ne | y for acetaminophen 325mg eeded for pain or fever. | | | | |
| | | umentation acetaminophen as administered for pain from 3/31/22. | | | | |
| | revealed: | t #1's April 2022 eMAR | | | | |
| | every 8 hours as ne -There was no doc | y for acetaminophen 325mg eeded for pain or fever. umentation acetaminophen as administered for pain from 4/15/22. | | | | |
| | Request for observ | ation of Resident #1's 13/22 at 11:10am revealed: | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · / | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---------------------|--|-----------------------------------|------------------------|
| | | | A. BUILDING. | | | R |
| | | HAL034150 | B. WING | | 05/17/2022 | |
| AME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | ADOWBROOM | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| D 358 | Continued From pa | ige 191 | D 358 | | | |
| | -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. | | | | | |
| | | | | | | |
| | 05/13/22 at 12:14p -Tylenol 325mg 2 ta hours was filled on dispensed. -Tylenol 325mg 2 ta hours was filled on dispensed. -As of today's, date | w with the pharmacy revealed m revealed: ablets as needed every 8 03/22/22 and 120 tablets were ablets as needed every 8 04/21/22 and 120 tablets were (05/13/22), none of Resident ad been returned to the | e | | | |
| | facility's contracted 11:22am revealed: -As of today's date #1's medications, in been returned to th -When a medicatio was checked and th | (05/17/22), none of Resident ncluding tylenol 325mg had | / | | | |
| | (MA) on 05/16/22 a -Resident #1 alway -The resident ment for pain medication -She did not give th she complained ab | s yelled that she was in pain. ally was not capable of asking ne pain medication each time | | | | |

If continuation sheet 192 of 239

| | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE | E SURVEY |
|--------------------------|---|---|---------------------|---|--------------------------------|-------------------------|
| ND PLAN | OF CORRECTION | DENTIFICATION NUMBER: | | | СОМ | PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| AME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | | | | |
| | | | NS, NC 2701 | PROVIDER'S PLAN OF C | | ()(5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | ige 192 | D 358 | | | |
| | give the resident paresident always cor -She could tell if the judging the resident -The resident had a not give the as need -She was unable to she gave Resident pain. Interview with the S 11:01am revealed: -When staff assiste complained that she -When staff told he about being in pain resident a tylenol. -She never checked administered. Telephone interview care provider (PCP revealed: | ain medication because the mplained about being in pain. e resident was really in pain by t's facial expression. a scheduled tylenol, so she did ded pain medication for pain. o recall how many times, if any, #1 as needed medication for 6cheduler/MA on 05/16/22 at ed Resident #1, she often e was in pain. r, the resident complained , she would tell staff to give the d to make sure the tylenol was w with Resident #1's primary 0 on 05/13/22 at 4:03pm | | | | |
| | every day. -Resident #1 had a tablets every 8 hour -If the resident was what the as needed -The resident could day, in addition to th and another as needed -If a medication was | Resident #1 cried out in pain cetaminophen 325mg 2 rs as needed for pain. crying out in pain that was d pain medication was for. I have had up to 6 tylenol per he scheduled pain medication eded pain medication. s ordered it should be | | | | |
| | summary report dat | ent #1's hospital discharge ted 03/21/22 revealed an order 1 tablet by every 8 hours as | | | | |

| | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | of connection | IDENTIFICATION NOMBER. | A. BUILDING: | ····· | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | DOWBROOK | X MALL COURT 2 | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET |
| D 358 | Continued From pa | ge 193 | D 358 | | | |
| | Review of Resident 03/23/22 revealed: | #1's home health note dated | | | | |
| | | mented Resident #1 was in | | | | |
| | "significant pain" at | the right hip. ed for pain control, not sure if | | | | |
| | administered. | | | | | |
| | | tedly stated, "please don't hurt | | | | |
| | me, don't hurt me." | | | | | |
| | Review of Resident | #1's March 2022 eMAR | | | | |
| | revealed: | | | | | |
| | -There was an entry hours as needed fo | y for tramadol 50mg every 8 | | | | |
| | | umentation tramadol 50mg | | | | |
| | was administered fr 03/31/22. | rom 03/15/22 through | | | | |
| | Review of Resident revealed: | #1's April 2022 eMAR | | | | |
| | | y for tramadol 50mg every 8 | | | | |
| | hours as needed fo | | | | | |
| | I here was docume administered twice | entation tramadol 50mg was | | | | |
| | | entation tramadol 50mg was | | | | |
| | | /08/22 at 8:04am, the result | | | | |
| | was effective. | entation tramadol 50mg was | | | | |
| | | /13/22 at 8:13am, the result | | | | |
| | was unknown. | | | | | |
| | Request for observ | ation of Resident #1's | | | | |
| | medications on 05/ | 13/22 at 11:10am revealed: | | | | |
| | -There were no me Resident #1. | dications in the facility for | | | | |
| | | osition sheet was provided. | | | | |
| | Review of Resident | #1's medication disposition | | | | |
| | sheet revealed 16 t | ramadol tablets were to be | | | | |
| | returned to the phar | rmacy on 05/05/22. | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURV COMPLETED | |
|--------------------------|---|--|---------------------|--|---------------------------------------|-----------------------|
| | | HAL034150 | B. WING | | R 05/17/20 | 22 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE CON THE APPROPRIATE | (X5) MPLET DATE |
| D 358 | Continued From pa | age 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. | | | | | |
| | facility's contracted 11:22am revealed: -Resident #1's tram and 20 tablets were -As of today's date | w with a pharmacist from the pharmacy on 05/17/22 at nadol was filled on 03/30/22 e dispensed to the facility. (05/17/22), none of Resident ad been returned to the | | | | |
| | Attorney (POA) on -When he visited th resident complaine -When requesting p #1, he had to search three floors at the fa- He eventually foun Resident #1 somet -When he visited R the room, checked needed something -This was the only fa- | nd the MA and asked her give hing for pain. lesident #1, no staff came to on the resident or asked if she | | | | |
| | 05/12/22 at 2:56pm -What she witnesse in pain and staff sa out in pain (unable -Staff said "they ba she cried out that s -If someone moved the resident's whole problems and pain. | ed was the resident crying out ying the resident always cried to recall the date). rely touched the resident and he was in pain". If the resident and did not turn be body that could caused | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|--|-----------------|---|-----------------|--------------------|--|
| | | | A. BUILDING: | | R | | |
| | | HAL034150 | B. WING | | 05/ | 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM | (MALL COURT 2 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE | |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | DATE | |
| D 358 | Continued From pa | ige 195 | D 358 | | | | |
| | exact date) Resident #1 complained of pain in her leg. | | r | | | | |
| | | the resident complained | | | | | |
| | -Staff verbalized th | e resident was always saying | | | | | |
| | she was in pain and was real. | d they were not sure if the pair | ו | | | | |
| | -She heard that late hospital. | er the resident went out to the | | | | | |
| | Telephone interviev 05/12/22 at 3:52pm | v with the physical therapist or revealed: | ı | | | | |
| | person assist wher | | | | | | |
| | right hip. | lained a lot about pain in her I not move her right side | | | | | |
| | | ously had a hip replacement | | | | | |
| | on the right side. -Resident #1 alway and pain in her righ | s expressed a fear of falling t hin | | | | | |
| | | ot like to move her right leg | | | | | |
| | -He was not sure R | Resident #1 had the cognitive in medication or even knew | | | | | |
| | Interview with a sec 3:25pm revealed: | cond shift PCA on 05/13/22 at | | | | | |
| | was in pain any tim | atedly complained that she e she touched her. e MA when the resident | | | | | |
| | complained about | pain because she thought the aying she was in pain. | | | | | |
| | 05/17/22 at 10:35a | | | | | | |
| | | l always said she was in pain. ember if she had ever | | | | | |

| STATEMEN | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---------------------|--|-----------------------------------|-------------------------|
| | | HAL034150 | | 05/ | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | | | TATE, ZIP CODE K MALL COURT | | |
| THE IVY | AT CLEMMONS | | ONS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 358 | Continued From pa | age 196 | D 358 | | | |
| | pain. -If she did not docu medication, then sh resident pain medic -The resident's cry was not sure if the -She thought the cr resident did not wa Telephone interview 05/13/22 at 4:03pm -She was unaware every day. -Resident #1 had tw medications and a -If the resident was what the as needed -The resident could tablets per day in a medication and oth -If staff were not su medication, then th -There was no way resident was not tru -The as needed pa been administered Interview with the A 12:40pm revealed: -If the pain medication should be notified. -There should be d | for pain was repetitive so she resident was truly in pain. by for pain was because the nt to be touched or moved. w with Resident #1's PCP on nevealed: Resident #1 cried out in pain wo as needed pain scheduled pain medication. crying out in pain that was d pain medication was for. thave had up to 3 tramadol ddition to the scheduled pain er as needed medication. the they should administer the ey should have contacted her. to staff would have known the uly in pain. in medication should have as ordered. administrator on 05/16/22 at | | | | |
| | | lent #4's current FL2 dated diagnoses included obesity, | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COMFLETED | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOM | (MALL COURT | | |
| HEIVT | AT CLEMMONS | CLEMMC | ONS, NC 2701 | 2 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| | | | | DEFICIEN | CY) | |
| D 358 | Continued From pa | age 197 | D 358 | | | |
| | acute myocardial ir | nfarction, hyperlipidemia, | | | | |
| | | 2 diabetes mellitus and | | | | |
| | chronic obstructive | pulmonary disease. | | | | |
| | Review of Residen | t #4's current FL2 dated | | | | |
| | | there were no medications | | | | |
| | listed on the FL2 a | nd there were no medication | | | | |
| | orders attached to | the FL2. | | | | |
| | Review of Residen | t #4's previous FL2 dated and | | | | |
| | | summary report dated | | | | |
| | | medication orders included | | | | |
| | | 1 tablet orally every day at | | | | |
| | bedtime (used to h | igh cholesterol). | | | | |
| | Review of Residen | t #4's hospital discharge | | | | |
| | | on form dated 01/11/22 | | | | |
| | | ent's current medications | | | | |
| | included simvastat | in 20mg at bedtime. | | | | |
| | Review of Residen | t #4's April 2022 eMAR | | | | |
| | revealed: | | | | | |
| | | y for simvastatin 20mg | | | | |
| | | inistrator daily at 9:00pm. | | | | |
| | | umentation simvastatin 20mg daily as ordered for 4 of 30 | | | | |
| | | ortunities from 04/01/22 | | | | |
| | through 04/30/22. | | | | | |
| | | umentation why simvastatin | | | | |
| | | inistered daily as ordered at | | | | |
| | 9:00pm on 04/11/2 04/14/22 and 04/18 | 2, 04/10/22, 04/13/22, | | | | |
| | 07/14/22 and 04/10 | JI L L . | | | | |
| | | dent #4 on 05/16/22 at 3:42pm | | | | |
| | revealed: | | | | | |
| | | nistered her medications daily. cations she knew by looking at | | | | |
| | them but did not kr | | | | | |
| | | tated with certainty all her | | | | |
| | | administered as ordered. | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|-----------------|---|-----------------|--------------------|
| | OF CONNECTION | IDENTIFICATION NOWBER. | A. BUILDING: | | COM | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | |
| HE IVY | AT CLEMMONS | CLEMM | ONS, NC 2701 | 2 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLE DATE |
| D 358 | Continued From pa | ge 198 | D 358 | | | |
| | 5:31pm revealed: -When the internet document on the pa -If there were holes then someone did r MARs or in the eM | on Residents #4 eMARs, not document on the paper | | | | |
| | administered as ord residents related to and bipolar medica the resident at risk behavior disturband resident with anxiet medication before s to become very any staff to assist the re- resident who had a receiving a medicat the resident at risk resident who had a anxiety and insomn help with behaviors hospitalized for alter getting a medication restlessness and in abruptly stopping a medication placing moodiness, hostility tendencies (#8); an cried in pain not ge medication resulting fracture and delay i (#1). The facility's fa medications as ord | ensure medications were dered for 7 of 7 sampled a resident with depression tion not being available putting for increased depression, ces, and aggression (#5); a y not getting ananti-anxiety showers causing the resident kious and made it difficult for esident with bathing (#2); a diagnosis of osteoporosis not tion to slow bone loss placing for bone fractures (#3); a history of schizophrenia, ia not getting a medication to resulting in the resident being red mental status and not n for insomnia resulting in ability to sleep (#7); a resident bipolar and anti-anxiety the resident that continually tting as needed pain g in an unknown femur n receiving medical attention ailure to administer ered placed the residents at vain, physical harm, and | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|--------------------------|---|--|-------------------------|--|-------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | | K MALL COURT | | |
| | | | NS, NC 270 ⁻ | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY) | LD BE | (X5) COMPLETE DATE |
| D 358 | Continued From pa | ge 199 | D 358 | | | |
| | neglect which const | titutes a Type A2 Violation. | | | | |
| | | d a plan of protection in S. 131D-34 on 05/12/22 for | | | | |
| | | R THE TYPE A2 VIOLATION ED JUNE 16, 2022. | | | | |
| D 367 | 10A NCAC 13F .10 Administration | 04(j) Medication | D 367 | | | |
| | (j) The resident's m record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and dos administered; (4) instructions for a or treatment; (5) reason or justifior medications or treat documenting the re (6) date and time of (7) documentation of medications or treat omission, including (8) name or initials the medication or treating signature equivalent | dication or treatment order; sage or quantity of medication administering the medication cation for the administration of tments as needed (PRN) and sulting effect on the resident; f administration; of any omission of tments and the reason for the refusals; and, of the person administering eatment. If initials are used, a it to those initials is to be aintained with the medication | | | | |
| Division of H | interviews, the facili | et as evidenced by: ons, record review and ity failed to accurately ration of medications on the | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|---|---|---------------------------|--|-----------------------------------|-------------------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | X MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE ⁻ DATE | |
| D 367 | Continued From pa | ige 200 | D 367 | | | | |
| | electronic Medication Administration Record (eMAR) for 2 of 6 residents (Resident #1 and #5). | | | | | | |
| | The findings are: | | | | | | |
| | 04/07/22 revealed: | | | | | | |
| | dated 03/12/22 reve -There was an orde take three capsules leg cellulitis. | er to start clindamycin 150mg, s three times a day to treat left ras for 63 capsules with no | | | | | |
| | dated 04/07/22 reve -There was an order used to treat various take 3 capsules thr -The start date for the | t #5's Order Summary Report ealed: er for clindamycin (an antibiotic is types of infection) 150mg, ee times a day. the clindamycin was 03/14/22, s was listed as "On Hold." | : | | | | |
| | medication adminis revealed: -There was an entr 3 capsules three tir and 8:00pm. -Clindamycin 150m | t #5's March 2022 electronic stration record (eMAR) y for clindamycin 150mg, give nes a day at 8:00am, 2:00pm ng take 3 capsules three times | | | | | |
| | 8:00pm dose on 03 dose on 03/21/22 w tablets dispensed v -Clindamycin 150m | ted as administered from the 3/14/22 through the 2:00pm which is when the quantity of yould have ran out. Ig take 3 capsules three times ted as administered at 8:00am | h | | | | |

| TATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | • • | E CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|--|---------------------------|--|-----------------------------------|------------------------|--|
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, S | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOM DNS, NC 2701 | K MALL COURT 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE | |
| D 367 | Continued From pa | ige 201 | D 367 | | | | |
| | 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. | | | | | | |
| | revealed: -There was an entr 3 capsules three tir and 8:00pm. -Clindamycin was c administered from 5 to the 2:00pm dose 8:00pm dose on 04 dose on 04/27/22. -Clindamycin was c 8:00am on 04/21/2. -Clindamycin was c administered at 8:0 2:00pm on 04/21/2. | t #5's April 2022 eMAR y for clindamycin 150mg, give nes a day at 8:00am, 2:00pm documented as "Held" and not the 8:00am dose on 04/01/22 e on 04/20/22, and from the J/21/22 through the 8:00pm documented as administered a 2, 04/29/22 and 04/30/22. documented as not 0am on 04/28/22, and at 2, 04/28/22 and 04/30/22, and 0/22, 04/28/22, 04/29/22 and | t | | | | |
| | revealed: -There was an entr 3 capsules three tir and 8:00pm. -Clindamycin 150m daily was documen on 05/02/22 and 05 05/02/22, and at 8:0 05/04/22. -Clindamycin was of administered the re- through 05/07/22 w discontinued from t | maining days from 05/01/22 /hen it was documented as he eMAR. | | | | | |
| | revealed: | t #5's Progress Notes :59pm, a medication aide (MA) | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---------------|--|---|--|---|-------------------------------|-----------------|
| | | BERTH TO, CHORNONDER. | A. BUILDING: _ | | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | · · | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| D 367 | Continued From pa | ge 202 | D 367 | | | |
| | to "waiting on order -On 05/06/22 at 10: clindamycin as not medication not bein pharmacy was notif -On 05/07/22 at 8:5 documented clindar to medication being -On 05/08/22 at 1:3 clindamycin as not medication not avain Observation of med #5 on 05/11/22 at 1 clindamycin on the administration. Telephone interview the facility's contract 1:35pm revealed: -They had started so of March 2022. -They had never dis Resident #5. Telephone interview the facility's previou 05/11/22 at 1:50pm -They had received Room (ER) provide 150mg, give 3 caps dispense quantity o -On 03/12/22, they clindamycin 150mg | 03pm, a MA documented administered due to ag available and that the fied. 55am and 1:10pm, a MA mycin as not administered due discontinued. 3pm, a MA documented administered due to ilable. dications on hand for Resident 1:10am revealed there was no medication cart for w with a representative from cted pharmacy on 05/11/22 at servicing the facility at the end spensed clindamycin for w with a representative from usly contracted pharmacy on | | | | |
| | clindamycin for Res | | | | | |

OJR111

If continuation sheet 203 of 239

| STATEMEN | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | SURVEY | |
|---------------|----------------------|---|------------------|---|-----------------|------------------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| | | | | MALL COURT | | | |
| I HE IVY | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID | | SUMMARY STATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO | THE APPROPRIATE | COMPLET DATE | |
| | | | | DEFICIENC | CY) | | |
| D 367 | Continued From pa | age 203 | D 367 | | | | |
| | -She remembered | Resident #5 receiving | | | | | |
| | | ch 2022, but it was just a | | | | | |
| | one-week course o | of antibiotic. | | | | | |
| | -She had documen | | | | | | |
| | | sident #5 at 8:00am on | | | | | |
| | | 00am and 2:00pm on | | | | | |
| | 05/02/22, and at 8: | | | | | | |
| | | ed on the eMAR that the | | | | | |
| | | en administered and she had Resident #5 clindamycin on | | | | | |
| | those days. | tesident #5 cindarnycin on | | | | | |
| | - | | | | | | |
| | | her MA on 05/13/22 at 9:30am | | | | | |
| | revealed: | ted alignatures as | | | | | |
| | -She had documen | sident #5 at 2:00pm on | | | | | |
| | 03/25/22. | sident #5 at 2.00pm on | | | | | |
| | ••••=••==• | ad accidentally clicked the | | | | | |
| | button which docur | | | | | | |
| | administration beca | ause she never had | | | | | |
| | clindamycin on the | medication cart for Resident | | | | | |
| | | eek course of treatment had | | | | | |
| | ended. | | | | | | |
| | Interview with the S | Scheduler/MA on 05/13/22 at | | | | | |
| | 11:40am revealed: | | | | | | |
| | -From March 2022 | up until about a week prior | | | | | |
| | | onsible for the duties of the | | | | | |
| | Resident Care Coo | | | | | | |
| | | ponsible for implementing new | | | | | |
| | | uing orders that had ended. | | | | | |
| | | added an end-date to Resident der so that it would not carry | | | | | |
| | forward on the eMA | | | | | | |
| | -She had documen | | | | | | |
| | | sident #5 at 8:00am on | | | | | |
| | | I/22 and thought she had just | | | | | |
| | | or because Resident #5 did not | t 📔 | | | | |
| | | on the medication cart at that | | | | | |
| | time. | | | | | | |

Division of Health Service Regulation STATE FORM

6899

OJR111

If continuation sheet 204 of 239

| | | egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED R | |
|--------------------------|--|---|---------------------|--|-----------------------------------|--------------------------------|--|
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 367 | Continued From pa | age 204 | D 367 | | | | |
| | 1:05pm revealed: -The RCC was resp orders which includ pharmacy and verif eMAR system corre -The RCC was also eMAR audits and c on the eMAR were -She was not aware clindamycin as adm they did not have the administer. -She expected all M as ordered, to only they actually admin MAR with the prima | o responsible for completing hecking that all orders listed | ı | | | | |
| | 05/10/22 at 1:30pm | vith the corporate nurse on n. vith a MA on 05/13/22 at | | | | | |
| | 9:30am. | interview with a MA on | | | | | |
| | | vith another MA on 05/16/22 at | t | | | | |
| | Refer to interview v 05/13/22 at 11:40ai | vith the Scheduler/MA on m. | | | | | |
| | Refer to interview v 8:50am. | vith the RCC on 05/16/22 at | | | | | |
| | Refer to interview v | vith the Administrator on | | | | | |

| | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|---|------------------------------|---|-----------------|--------------------|--|
| | or contraction | | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLE DATE | |
| D 367 | Continued From pa | ige 205 | D 367 | | | | |
| | 05/16/22 at 1:05pm | 1. | | | | | |
| | Refer to telephone interview with the facility Owner/Licensee on 05/17/22 at 4:20pm. | | | | | | |
| | 04/07/22 revealed of ischemia, vascular hypertension, chror gastroesophageal r abdominal aortic ar pulmonary disease | ent #1's current FL2 dated diagnoses included cerebral dementia, anemia, nic kidney disease stage 4, reflux disease, hypothyroidism neurysm, chronic obstructive , coronary artery disease, <i>y</i> gen and depression. | , | | | | |
| | there was an order | t #1's current FL2 revealed for levothyroxine sodium et one time a day (used to trea | t | | | | |
| | discharge summar | t #1's previous hospital y dated 03/21/22 revealed ncluded levothyroxine sodium et one time a day. | | | | | |
| | revealed: -There was an entr 75mcg, give 1 table administration at 8: -There was docume Resident #1 was he through 03/21/22. -There was docume 75mcg was administration | entation on the eMAR that ospitalized from 03/15/22 entation levothyroxine sodium stered on 03/16/22 at 8:00 and o when the resident was out of | 1 | | | | |
| | summary report da | t #1's hospital discharge ted 03/21/22 revealed the hospital from 03/15/22 | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|--|-------------------------------|--|-----------------|--------------------|--|
| | | | | | | R | |
| | | HAL034150 | B. WING | | 05/ | 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 367 | Continued From pa | age 206 | D 367 | | | | |
| | through 03/21/22. | | | | | | |
| | Telephone interview | w with a medication aide (MA) | | | | | |
| | on 05/16/22 at 4:13 | 8pm revealed: was down MAs were to use | | | | | |
| | paper MARs. | was down was were to use | | | | | |
| | | s on Resident #1's paper | | | | | |
| | MARs and eMARs, documentation why | , and there was no | | | | | |
| | was not administer | ed. | | | | | |
| | -If the medication w be documentation s | vas administered there should somewhere. | | | | | |
| | | nterview with a second shift MA on 05/16/22 at 5:31pm revealed: | | | | | |
| | | was down staff were to | | | | | |
| | document on the pa | | | | | | |
| | | on Residents #1 eMARs, 't document on the paper | | | | | |
| | MARs or in the eM/ | AR system. | | | | | |
| | -She can't say the r administered. | medication was not | | | | | |
| | | , she was given a sample of | | | | | |
| | residents to audit th | neir medications with the | | | | | |
| | eMARs to ensure n eMARs. | nedications matched the | | | | | |
| | -If she identified a d | discrepancy then she stapled | | | | | |
| | | the eMAR together showing dication cart and what was | | | | | |
| | not. | Culcation cart and what was | | | | | |
| | -She put the report review. | in the Scheduler/MA's box for | | | | | |
| | Refer to interview v 05/10/22 at 1:30pm | vith the corporate nurse on ı. | | | | | |
| | Refer to interview v 9:30am. | vith a MA on 05/13/22 at | | | | | |
| | Refer to telephone | interview with a MA on | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|---|-----------------|---|-----------------|--------------------|--|
| | | | A. BUILDING: | | Б | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOP | (MALL COURT 2 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLE DATE | |
| D 367 | Continued From pa | ige 207 | D 367 | | | | |
| | 05/16/22 at 4:15pm | 1. | | | | | |
| | 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 v 8:50am. | vith a RCC on 05/16/22 at | | | | | |
| | Refer to interview v 05/16/22 at 1:05pm | vith the Administrator on 1. | | | | | |
| | | interview with the facility 05/17/22 at 4:20pm. | | | | | |
| | 1:30pm revealed: -The facility's intern -When the internet have the pharmacy -She instructed the paper MARs. -The internet was use internet was fixed. -There should be d were administered -If there were no page | orporate nurse on 05/10/22 at net was down for several days. was down, she told staff to print paper MARs. MAs to document on the up and down so much she told the paper MARs until the ocumentation medications on the paper MARs. aper MARs, then she could not is were administered. | | | | | |
| | Interview with a MA revealed: -There were blank a for the last couple of having internet con -The MAs were told | on 05/13/22 at 9:30am spaces in the eMAR because of months the facility had been | | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------|---|---|------------------|--|-----------------------------------|--------------------|--|
| | | BERTH TO/THOM NOMBER. | A. BUILDING: _ | <u> </u> | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX | (EACH DEFICIENC) | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | COMPLET | |
| D 367 | Continued From pa | ge 208 | D 367 | | | | |
| | internet down times | vere all administered during s, but sometimes when the 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 interr could document on -If they were unable knew they were sup | net "hot spots" so that they the eMAR. to get internet, the MAs all pposed to document their trations on a printed-out pape | r | | | | |
| | revealed: -She administered -An "X" on the eMA had not been releas -The scheduler was Coordinator (RCC) responsible for mal- medications on the -If spaces on the el blank, the MA did n forgot to document -The interim RCC w | the interim Resident Care in April 2022 and was king sure MAs documented eMAR. MAR or paper MAR were ot give the medication or | 5 | | | | |
| | 11:40am revealed: -It had been her res documentation on t the paper MARs. | scheduler/MA on 05/13/22 at sponsibility to review he MARs, both electronic and IAs every day they needed to | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---|--|---|---------------------|--|----------------------------------|-------------------------|--|
| | or connection | DENTITION NOMBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | | | | |
| | | | - | PROVIDER'S PLAN OF | CORRECTION | ()(5) | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 367 | Continued From pa | ge 209 | D 367 | | | | |
| | holes in their docur -She did not check she thought she pro- she had a lot of oth as well. -She went back and documentation around not noticed there be documentation. -All the residents re- were ordered, the back were just from the I Interview with the F revealed: -She was hired 05// -She was responsite accuracy but had nor resident. -She was responsite entered on the eM/- -She expected all re- administered as or -She expected all re- documented as administered and wo- -She eMAR to note the administered and wo- Missing document meant the MA did re- forgot to document -She had reminded documentation on the -She had reminded documentation on the -She had reminded -She she she she she she she she she she s | the paper MARs as often as obably should have because er responsibilities at the time d checked on the MAs und every other week but had eing so many holes in the eccived the medications they olank spaces in the MARs WAs forgetting to document. RCC on 05/16/22 at 8:50am 02/22 as the RCC. ole to audit eMARs for ot had time to audit every ole to ensure orders were AR and were accurate. esidents' medications to be dered. esidents' medications to be ministered as soon as they are ' and type a progress note in hat the medication was not why it was not administered. ation on the eMAR usually not give the medication or MAs daily to fill in missing he eMAR. | | | | | |
| | 1:05pm revealed: -She started workir | dministrator on 05/16/22 at ng for the facility 04/11/22 and nbered the internet had been | | | | | |

| | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|-------------------------------------|--|---|------------------|--|-----------------------------------|--------------------|
| | or connection | IDENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF PROVIDER OR SUPPLIER STREET | | | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | | | |
| (X4) ID | SUMMARY ST | | DNS, NC 2701 | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | COMPLET DATE |
| D 367 | Continued From pa | age 210 | D 367 | | | |
| | indicated that a me or not documented -The RCC was response of the MARs, and in Scheduler's response hired their new RC -She did not know audits and noticed -She expected MAS medication they ad there should never eMAR/MAR. -If the internet went to document in the that document their MAR. Telephone interview | ponsible for completing audits in April that was the isibility as they had not yet C. if anyone had done MAR the blank spaces in the MARs is to document every minister or do not administer, be a blank space on the t down and MAs were unable eMAR, the expectation was is medication pass on the paper | | | | |
| D 392 | MARs by filling in e administered or no | on that the MAs complete the every medication as either t administered. 008(a) Controlled Substances | D 392 | | | |
| | 10A NCAC 13F .10 (a) An adult care h retrievable record of documenting the re disposition of contr records shall be ma | 008 Controlled Substances nome shall assure a readily of controlled substances by eccipt, administration and olled substances. These aintained with the resident's an order that there can be | | | | |
| | This Rule is not m | et as evidenced by: | | | | |

PRINTED: 06/07/2022 FORM APPROVED

| | of Health Service R | | | | | | |
|---------------|---|--|-------------------------------|---|----|--------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
| | | A. BOIL | | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | | 6010 ME | ADOWBROOK | MALL COURT | | | |
| I HE IVY | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID | _ | | ID | | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T | | COMPLET DATE | |
| - | | | | DEFICIENC | Y) | | |
| D 392 | Continued From pa | age 211 | D 392 | | | | |
| | Rased on observat | ions, interviews, and record | | | | | |
| | | r failed to ensure a readily | | | | | |
| | | hat accurately reconciled the | | | | | |
| | | tion, and disposition of | | | | | |
| | | ces was maintained for 4 of 6 | | | | | |
| | | (Resident #1, #3, #4 and #7) | | | | | |
| | related to pain med | dication (#1 and #4), a sedative | e | | | | |
| | medication (#7) an | d an appetite stimulate (#3). | | | | | |
| | The findings are: | | | | | | |
| | 1 Paview of Pasid | ent #3's current FL2 dated | | | | | |
| | | diagnoses chronic kidney | | | | | |
| | disease and deep | | | | | | |
| | 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 Residen | t #3's electronic medication | | | | | |
| | | ord (eMAR) for March 2022 | | | | | |
| | | SCS for dronabinol 2.5mg with | | | | | |
| | quantity received o revealed: | f 120 capsules on 03/15/22 | | | | | |
| | | y for dronabinol 2.5mg take 2 | | | | | |
| | | eals at 6:30am, 11:00am and | | | | | |
| | | tunities from 03/11/22 at | | | | | |
| | 4:00pm through 03 | /20/22 at 11:00am. | | | | | |
| | | nd entry for dronabinol 2.5mg | | | | | |
| | take 2 capsules twi 8:00pm. | ice daily at 8:00am and | | | | | |
| | • | entation of administration for | | | | | |
| | | ules) of dronabinol 2.5mg | | | | | |
| | | ered from 03/16/22 to 03/30/22 | | | | | |
| | • | umentation on the eMAR for 2 | | | | | |
| | | dronabinol 2.5mg 2 capsules | | | | | |
| | were signed out on | the CSCS on 03/28/22 for | | | | | |
| | 8:00pm and 03/29/ | | | | | | |
| | -There was docum | entation dronabinol 2.5mg was | 3 | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVE | |
|---------------|-------------------------------------|--|-------------------------------|--|------|--------------------|--|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | | E SURVEY PLETED | |
| | | | | | R | | |
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | | 6010 ME | ADOWBROOM | (MALL COURT | | | |
| THEIVT | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF (| | (X5) | |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T | | COMPLETE DATE | |
| 1110 | | , | | DEFICIENCY | | | |
| D 392 | Continued From pa | ne 212 | D 392 | | | | |
| | | - | | | | | |
| | held on 03/20/22 at | | | | | | |
| | | entation using code "9" s notes) for 14 opportunities | | | | | |
| | | 00pm to 03/24/22 at 8:00pm. | | | | | |
| | | AR exceptions documented or | | | | | |
| | | ilable for review for March | | | | | |
| | 2022. | | | | | | |
| | | | | | | | |
| | Review of Resident | t #3's controlled substance | | | | | |
| | count sheets (CSC | | | | | | |
| | | entation for receipt of 120 | | | | | |
| | | inol 2.5mg on 03/15/22 on the | | | | | |
| | pharmacy label. | | | | | | |
| | | uantity received was 60 | | | | | |
| | capsules. | entation 60 conculso of | | | | | |
| | | entation 60 capsules of vere signed out from 03/16/22 | | | | | |
| | to 03/30/22. | | | | | | |
| | | | | | | | |
| | | t #3's eMAR and paper | | | | | |
| | | tration record (MAR) for April the CSCS beginning 04/28/22 | | | | | |
| | | ing dispensed for 120 capsules | | | | | |
| | | date from pharmacy | | | | | |
| | revealed: | | | | | | |
| | | y for dronabinol 2.5mg take 2 | | | | | |
| | | y at 8:00am and 8:00pm. | | | | | |
| | | entation of administration for | | | | | |
| | | ules) of dronabinol 2.5mg | | | | | |
| | | 04/01/22 at 8:00am to | | | | | |
| | 04/30/22 at 8:00pm | | | | | | |
| | | umentation dronabinol 2.5mg | | | | | |
| | | Iministered on the eMAR or oportunities from 04/01/22 at | | | | | |
| | 8:00am to 04/30/22 | | | | | | |
| | | entation using code "9" | | | | | |
| | | s notes) for 8 opportunities | | | | | |
| | | 00pm to 04/20/22 at 8:00pm. | | | | | |
| | | entation on the paper MAR | | | | | |
| | | .5mg was not administered | | | | | |
| vision of H | ealth Service Regulation | | · · · | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|--------------------------|--|---|-------------------------------|--|--------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
| | HAL034150 | | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOK | MALL COURT | | |
| | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE |
| D 392 | Continued From pa | ge 213 | D 392 | | | |
| D 392 | with hand written in -There was no doct 2 capsules was sig 04/01/22 through 04- -There were no eM progress notes ava Review of Resident -There was docume capsules of dronab -There was a line th "60" written beside -There was docume dronabinol 2.5mg with to 04/30/22. Review of Resident for May 2022 comp 04/28/22 for dronab capsules with no pri- revealed: -There was an entri- capsules twice daily -There was an entri- capsules twice daily -There was docume 18 doses (36 capsules administered of 8:00pm. -There was no doct was administered of 8:00pm. | itials circled on 04/16/22. Jumentation dronabinol 2.5mg ned out on the CSCS from 4/28/22 at 8:00am. AR exceptions documented or ilable for review for April 2022. #3's CSCS revealed: entation for receipt of 120 inol 2.5mg on 04/20/22. hrough the print "120 cap" and it. entation 10 capsules (5 doses) vere signed out from 04/28/22 #3's eMAR and paper MAR ared to the CSCS beginning binol 2.5mg dispensed for 60 inted dated from pharmacy y for dronabinol 2.5mg take 2 y at 8:00am and 8:00pm. entation of administration for Jes) of dronabinol 2.5mg red from 05/01/22 at 8:00am | | | | |
| | CSCS on 05/01/22 -There were no eM | | | | | |
| Division of H | Review of Resident -There was docume capsules of dronab | #3's CSCS revealed: entation for receipt of 120 inol 2.5mg on 04/20/22. prough the print "120 cap" and | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|---|---------------------------------|--|-----------------|--------------------|
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF C | ORRECTION | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | IE APPROPRIATE | COMPLET DATE |
| D 392 | Continued From pa | ge 214 | D 392 | | | |
| | | entation 38 capsules of vere signed out from 05/01/22 | | | | |
| | hand on 05/10/22 a tablets of dronabine 04/20/22 with 42 ta | ident #3's medications on t 4:05pm revealed 42 of 60 of 2.5mg were dispensed on blets remaining and available in a blister pack card with 2 ister. | | | | |
| | could not be detern | S compared with the eMAR it nined the CSCS was an g of the dronabinol 2.5mg | | | | |
| | 10:25am revealed: -She took a medical had taken since be but she could not re- -She took the medi- days in March and a day. -She did not received days when she was medication aides (M get the prescription -She did receive 2 of medication 2 times -She did not refuse any time. | capsules of her appetite a day. her appetite medication at now staff were documenting | | | | |
| | Telephone interviev the facility's previou 05/12/22 at 5:00pm | v with a representative from is contracted pharmacy on | | | | |

| Division | of Health Service Re | egulation | | | FORM APPROVED |
|---------------|--------------------------|---|----------------|--|---------------------|
| STATEMEN | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | E CONSTRUCTION | (X3) DATE SURVEY |
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | |
| | | 6010 ME | ADOWBROOM | K MALL COURT | |
| THE IVY | AT CLEMMONS | CLEMMO | ONS, NC 2701 | 2 | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE DATE |
| D 392 | Continued From pa | ige 215 | D 392 | | |
| | capsules 2 times a | day dated 03/10/22, but the | | | |
| | | d a controlled substance | | | |
| | prescription to the p | oharmacy directly. | | | |
| | | written order for dronabinol | | | |
| | | ules 2 times a day dated | | | |
| | 03/15/22. | 1400 | | | |
| | | pensed 120 capsules of | | | |
| | dronabinoi 2.5mg to | o the facility on 03/15/22. | | | |
| | Telephone interviev | v with a representative from | | | |
| | | cted pharmacy on 05/12/22 at | | | |
| | 5:06pm revealed: | | | | |
| | | written order for dronabinol | | | |
| | | ules 2 times a day dated | | | |
| | 03/20/22. | , | | | |
| | -Resident #3's dron | nabinol order dated 03/20/22 | | | |
| | | at that time due to having | | | |
| | | ity's previous contracted | | | |
| | pharmacy. | | | | |
| | | pensed 120 capsules of | | | |
| | dronabinol 2.5mg to | o the facility on 04/20/22. | | | |
| | | on 05/16/22 at 4:45pm | | | |
| | revealed: | | | | |
| | | vith Resident #3's dronabinol | | | |
| | 2.5mg order. | mitted to the facility in March | | | |
| | | y had to wait for the provider to | | | |
| | | rescription because the | , | | |
| | medication was nar | | | | |
| | | "9 Progress Note" and noted | | | |
| | | ing for the medication. | | | |
| | | mentation on the eMAR or on | | | |
| | | r MAR meant the dronabinol | | | |
| | | ed or the MA had forgotten to | | | |
| | | als to show they administered | | | |
| | the medication. | , | | | |
| | | S during April 2022, but she | | | |
| | | e it might have been filed. | | | |
| | | nitialed as administered, but | | | |
| ivision of H | ealth Service Regulation | | r I | | l |

Division of Health Service Regulation STATE FORM
| | of Health Service Re | | ()(0) | CONCEPTION | 0.00 = | |
|--------------------------|--|--|---------------------------------|---|--------------------------------|-------------------------|
| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | | | E SURVEY PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| AME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | | CLEMMO | NS, NC 2701 | 2 | | 1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\ | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| D 392 | Continued From pa | ge 216 | D 392 | | | |
| | | not signed out on the CSCS, forgotten to sign out the CSCS. | | | | |
| | 5:30pm revealed: -She was familiar w 2.5mg order. -The pharmacy did was admitted to the because they were prescription from th (MHP). -She and other MA code "9 Progress N not have the medic -The missing docur the downtime pape was not administered document their initia the medication. -She remembered a dronabinol on the C the interim Resident would have filed it a -If the eMAR was in the medication was | mentation on the eMAR or on r MAR meant the dronabinol ed or the MA had forgotten to als to show they administered signing out Resident #3's CSCS during April 202,2 but at Care Coordinator (RCC) after it was filled out. hitialed as administered and not signed out on the CSCS, forgotten to sign out the | | | | |
| | 12:10pm revealed: -She conducted to the beginning of Ap May 2022. -She also continued administering medi | cheduler/MA on 05/13/22 at job duties as interim RCC from ril 2022 until the beginning of d to fill in as MA on the floor cations. ble to audit eMARs and CSCS | | | | |
| | | ad not had time to audit every | | | | |

Division of Health Service Regulation STATE FORM

PRINTED: 06/07/2022 FORM APPROVED

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|--|------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING: _ | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 392 | Continued From pa | ge 217 | D 392 | | | | |
| | #3's dronabinol, but -Resident #3's dron immediately from th MHP had to send a pharmacy before it -The MAs would do was not administer notes. The missing docur the paper MARs us administer the med administration. She did not notice CSCS, and no one Interview with the F revealed: She began as RCC 2022. She was responsit for accuracy but ha resident. She was sure there for Resident #3's du interim RCC or the unable locate it. The MAs documer note on the eMAR to medication was not The missing docur the paper MARs us administer the med administration. She had not had ti | habinol was not sent the pharmacy because the written prescription to the could be sent to the facility. boument that the medication ed on the eMAR progress mentation on the eMAR and or fually meant the MA did not lication or forgot to document any abnormalities on the reported any discrepancies. RCC on 05/16/22 at 8:50am C at the beginning of May ole to audit eMARs and CSCS d not had time to audit every e was a CSCS for April 2022 ronabinol was filed by the Administrator but it was to document that the t administered. mentation on the eMAR and or sually meant the MA did not lication or forgot to document me to audit all resident's | | | | | |
| | CSCS and had not reported to her. | had any discrepancies | | | | | |
| | Refer to telephone Owner/Licensee on | | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---------------|---|---|--|---|-------------------------------|-----------------|--|
| | OF CORRECTION | IDENTIFICATION NOWBER. | A. BUILDING: | | COM | FLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 392 | Continued From pa | ge 218 | D 392 | | | | |
| | | 2. Review of Resident #7's current FL2 dated 04/07/22 revealed diagnoses of schizophrenia and insomnia. | | | | | |
| | 03/28/22 revealed a Scheduled IV contr | #7's physician's orders dated an order for zolpidem 10mg (a olled substance used to treat blet once daily at bedtime. | | | | | |
| | administration reco compared to the co sheet (CSCS) for ze dispensed for 30 ta -There was an entry tablet once daily at 03/28/22. | #7's electronic medication rd (eMAR) for March 2022 introlled substance count olpidem tartrate 10mg blets on 03/28/22 revealed: y for zolpidem 10mg take 1 bedtime beginning on | | | | | |
| | initials on 03/28/22 "New order". -There was docume doses of zolpidem 03/29/22 and 03/30 -There was no docu | umentation on the eMAR or 3/31/22 when zolpidem 10mg | | | | | |
| | Review of Resident -There was docume zolpidem tartrate 10 -There was docume | #7's CSCS revealed: entation for receipt of 30 Omg tablets on 03/29/22. entation 3 zolpidem tartrate out from 03/29/22 to 03/31/22 | | | | | |
| | compared to the CS 10mg dispensed fo 04/22/22 revealed: | #7's eMAR for April 2022 SCS for zolpidem tartrate r 30 tablets on 03/29/22 and y for zolpidem 10mg take 1 | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BOILDING. | | R | | |
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 392 | Continued From pa | ge 219 | D 392 | | | | |
| | -There was docume 27 doses of zolpide 04/01/22 to 04/30/2 -On 04/04/22, zolpi as administered on out on the CSCS. -There was no docu administered on the 04/11/22 when zolp the CSCS. -There was no docu administered on 04 -There was a progr 04/13/22 at 6:30am "Held due to nothin Review of Resident -There was docume zolpidem tartrate 10 04/22/22. -There was docume zolpidem tartrate 10 04/01/22 to 04/30/2 Observation of Res hand on 05/16/22 a were 30 tablets of z 04/22/22 with 17 ta to be administered tablet in each bliste Based on the CSCS could not be detern accurate accountin signed-out. | entation of administration for em 10mg administered from 22. dem 10mg was documented the eMAR, but was not signed umentation zolpidem was e eMAR or progress note on idem 10mg was signed out on umentation the zolpidem was /13/22 and 04/14/22. ess note documented for a for medication that read g by mouth" t #7's CSCS revealed: entation for receipt of 30 Dmg tablets on 03/29/22 and entation 28 tablets of Dmg were signed out from 22. sident #7's medications on at 10:45am revealed there colpidem 10mg dispensed on blets remaining and available in a blister pack card with 1 | | | | | |
| | am revealed: | r with all the medications he | | | | | |

| STATEMEN | IT OF DEFICIENCIES | egulation (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL F | CONSTRUCTION | (X3) DATE SURVEY | |
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| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | | CLEMMO | NS, NC 27012 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 392 | Continued From pa | ige 220 | D 392 | | | |
| | him and what the d -He took all the me take and did not ref -He had just return because he was ne were following him. -He had not slept w Telephone interview the facility's contract 12:00pm revealed: -Resident #7 had a tartrate 10mg take dated 03/28/22. -The pharmacy disp | dications he was supposed to fuse any medications. ed from the hospital last week ervous and felt like people | | | | |
| | 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. | | | | | |
| | 5:30pm revealed: -She was familiar w tartrate 10mg order -She and other MA | cond MA on 05/16/22 at with Resident #7's zolpidem c. s would have documented lote" and noted that they did | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BUILDING. | | | П | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK NS, NC 2701 | MALL COURT | | | |
| ().= | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| D 392 | Continued From pa | ige 221 | D 392 | | | | |
| | not have the medic | ation. | | | | | |
| | -The missing docur | mentation on the eMAR meant | | | | | |
| | | ot administered or the MA had | | | | | |
| | | ent their initials to show they | | | | | |
| | administered the m | nitialed as administered and | | | | | |
| | | not signed out on the CSCS, | | | | | |
| | | forgotten to sign out the | | | | | |
| | medication on the (| | | | | | |
| | | Scheduler/MA on 05/13/22 at | | | | | |
| | 12:10pm revealed: | o duties as interim Resident | | | | | |
| | | RCC) from the beginning of | | | | | |
| | | beginning of May 2022. | | | | | |
| | | d to fill in as MA on the floor | | | | | |
| | administering medi | | | | | | |
| | | ble to audit eMARs and CSCS | | | | | |
| | for accuracy, but har resident. | ad not had time to audit every | | | | | |
| | | S for April 2022 for Resident | | | | | |
| | • | t could not be not located. | | | | | |
| | | ocumented that the medication ed and why it was not | | | | | |
| | | eMAR progress notes. | | | | | |
| | | mentation on the eMAR usually | | | | | |
| | | not administer the medication | | | | | |
| | or forgot to docume | | | | | | |
| | | any abnormalities on the | | | | | |
| | USUS, and no one | reported any discrepancies. | | | | | |
| | Interview with the F revealed: | RCC on 05/16/22 at 8:50am | | | | | |
| | | C at the beginning of May | | | | | |
| | | ole to audit eMARs and CSCS | | | | | |
| | | d not had time to audit every | | | | | |
| | resident. | | | | | | |
| | | nted "9" and typed a progress | | | | | |
| | note in the eMAR to | o document that the | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED | |
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| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK NS, NC 27012 | 2 MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 392 | Continued From pa | ge 222 | D 392 | | | | |
| | meant the MA did n or forgot to docume -She had not had tii CSCS and had not reported to her. Refer to telephone Owner/Licensee on 3. Review of Reside 04/07/22 revealed: -Diagnoses include dementia, hyperten stage 4, gastroesop hypothyroidism, abo chronic obstructive artery disease, dep depression. -There was a physid 1 tablet every 8 hou Review of Resident summary report dat for tramadol 50mg, needed for pain. Review of Resident revealed: -There was an entry hours as needed for -There was no doct was administered fit 03/31/22. A request was mad | nentation on the eMAR usually ot administer the medication ent administration. me to audit all resident's had any discrepancies interview with the 05/17/22 at 5:13pm. ent #1's current FL2 dated d cerebral ischemia, vascular sion, chronic kidney disease ohageal reflux disease, dominal aortic aneurysm, pulmonary disease, coronary endency on oxygen and cian's order for tramadol 50mg urs as needed (prn) for pain. : #1's hospital discharge ted 03/21/22 revealed an order 1 tablet every 8 hours as | | | | | |

| | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | | |
|--------------------------|---|---|---------------------|---|-----------------------------------|-------------------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | СОМ | PLETED | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| | AT CLEMMONS | | | MALL COURT | | | |
| | | | ONS, NC 27012 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 392 | Continued From pa | ge 223 | D 392 | | | | |
| | Review of Resident medication administ revealed: -There was an entri- hours as needed for -There was docume administered twice -There was docume administered on 04 was effective. -There was docume administered on 04 was effective. -There was docume administered on 04 was unknown. Review of Resident Count Sheet (CSCS -There was a begin 50mg tablets. -There was a begin 8:00am but there w the tramadol was a Request for observ medications on 05/ -There were no me -The Resident Care Resident #1's medi the pharmacy. Review of the medi revealed 16 tramado pharmacy on 05/06 | #1's April 2022 electronic tration record (eMAR) y for tramadol 50mg every 8 r pain. entation tramadol 50mg was in April 2022. entation tramadol 50mg was /08/22 at 8:04am, the result entation tramadol 50mg was /13/22 at 8:13am, the result #1's Controlled Substance 6) for April 2022 revealed: ning balance of 20 tramadol of tramadol 50mg signed out pm, 04/01/22 at 8:00am, and there was documentation adol 50mg was signed out at as no date documented when dministered. ation of Resident #1's 13/22 at 11:10am revealed: dications in the facility. a Coordinator (RCC) stated cations had been returned to the /22. w with a representative from | | | | | |
| | the facility's the cor at 2:10pm revealed | tracted pharmacy on 05/13/22 Resident #1's medications ned to the pharmacy. | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | or connection | IDENTIFICATION NOMBER. | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| HE IVY | AT CLEMMONS | | | MALL COURT | | | |
| | | | ONS, NC 2701 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 392 | Continued From pa | ige 224 | D 392 | | | | |
| | facility's contracted 11:22am revealed: -Resident #1's tram and 20 tablets were -When the facility re document the CSC sheet with no other -When the pharmac he the counted the count listed by facil -The pharmacy driv the count of the CS documented by fac accurate. -The driver also left his signature valida accurate with facilit -The driver left a co -The same day or t a copy of the same show the medicatio -As of today's date #1's medications, in returned to the pha Refer to telephone Owner/Licensee or 4. Review of Reside 04/07/22 revealed: -Diagnoses include infarction, hyperlipid diabetes mellitus an pulmonary disease -There was no medication | cy driver picked up the CSCS medication to validate the ity staff. ver signed the form validating SCS to ensure the count ility staff on the form was t a copy of the disposition with tting the CSCS count was y staff. opy of the form with the facility. he next the pharmacy scanned document into their system to on was returned. (05/17/22), none of Resident ncluding tramadol had been rmacy. interview with the n 05/17/22 at 5:13pm. ent #4's current FL2 dated d obesity, acute myocardial demia, hypertension, type 2 nd chronic obstructive | | | | | |
| | Review of Resident | t #4's previous FL2 dated | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED R | |
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| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | NOWBROOK | MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 392 | Continued From pa | ge 225 | D 392 | | | | |
| | hydrocodone-aceta tablet every 6 hours seven days (used to Review of Resident | #4's physician's order dated | | | | | |
| | | an order for minophen 10mg-325mg one rs as needed for pain. | | | | | |
| | 03/01/22 revealed a hydrocodone-aceta | #4's physician's order dated an order for minophen 10mg-325mg one rs as needed for pain. | | | | | |
| | 03/30/22 revealed a | #4's physician's order dated an order for minophen 10-325mg 1 tablet | | | | | |
| | 04/22/22 revealed a | #4's physician's order dated an order for minophen 10mg-325mg twice | | | | | |
| | medication adminis revealed: -There was an entry | | | | | | |
| | needed. -There was docume hydrocodone-aceta | minophen 10mg-325mg as entation minophen 10mg-325mg was nes from 02/02/22 through | | | | | |
| | count sheet (CSCS -There was a begin | #4's controlled substance) for February 2022 revealed: ning balance of 30 minophen 10mg-325mg | | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
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| | | | A. BUILDING. | | R | | |
| | | HAL034150 | B. WING | | | 05/17/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOM | (MALL COURT 2 | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| D 392 | Continued From pa | age 226 | D 392 | | | | |
| | 02/01/22. -From 02/02/22 thre documentation 30 H 10mg-325mg table CSCS which did not tablets documented eMAR. -The hydrocodone- signed out on the C documented on the -On 02/02/22 at 8:0 hydrocodone-aceta was signed-out on documented on the -On 02/03/22 at 7:0 hydrocodone-aceta was signed-out on documented on the -On 02/03/22 at 7:0 hydrocodone-aceta tablets were signed There was only one eMAR on 02/05/22 -On 02/13/22 at 9:0 hydrocodone-aceta signed-out both tim documentation the on the eMAR. -Based on the CSC could not be determ an accurate accourt | e eMAR examples as follows: 00pm, 1 minophen 10mg-325mg table the CSCS and nothing was e eMAR for that date. 00am, 1 minophen 10mg-325mg table the CSCS and nothing was e eMAR for that date. 00am and 4:00pm, both minophen 10mg-325mg both times on the CSCS. e tablet documented on the at 8:41am. 00am and 9:03pm, minophen 10mg-325mg was les on the CSCS and no medication was administered CS compared with the eMAR it nined if the CSCS documented nting of the minophen 10mg-325mg | t t | | | | |
| | | 22 revealed: | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | A. BUILDING: | | | | |
| | | HAL034150 | B. WING | | | R 05/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | | |
| (X4) ID | | SUMMARY STATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| D 392 | Continued From pa | ige 227 | D 392 | | | | |
| | documentation 26 H 10mg-325mg tables CSCS which did not tablets documented eMAR from 02/23/2 -The hydrocodone- signed out on the C documented on the follows: -On 02/24/22 at 11: hydrocodone-aceta tablets were signed one tablet documer eMAR at 10:19am. -On 02/25/22 at 11: hydrocodone-aceta signed out on the C documented as adr 4:21pm. -On 02/27/22 at 8:0 hydrocodone-aceta tablets were signed There was only one administered on the Based on the CSCS could not be detern an accurate accour hydrocodone-aceta signed-out. Review of Resident revealed: -There was an entry hydrocodone-aceta needed. | iminophen 10mg-325mg both times on the CSCS. tablet documented as e eMAR at 8:20pm. S compared with the eMAR it nined if the CSCS documented nting of minophen 10mg-325mg t #4's March 2022 eMAR y for minophen 10mg-325mg as | | | | | |
| vision of H | -There was docume hydrocodone-aceta ealth Service Regulation | minophen 10mg-325mg was | | | | | |

| | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | | | | R | |
| | | HAL034150 | B. WING | | 05/ | 17/2022 |
| | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | IATE, ZIP CODE (Mall Court | | |
| THE IVY | AT CLEMMONS | | NS, NC 27012 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 392 | Continued From pa | ge 228 | D 392 | | | |
| | administered 22 tim 03/21/22. | nes from 03/08/22 through | | | | |
| | revealed: -There was a begin hydrocodone-aceta tablets from the 56 03/01/22. -From 03/08/22 thre documentation 26 H 10mg-325mg table CSCS which did not tablets documented eMAR. -The hydrocodone- signed out on the C documented on the follows: -On 03/10/22 at 11: hydrocodone-aceta signed out on the C the eMAR at 11:29a -On 03/11/22 at 8:0 | minophen 10mg-325mg tablets dispensed on ough 03/21/22 there was hydrocodone-acetaminophen ts were signed out on the at correspond with the 22 d as administered on the acetaminophen 10mg-325mg CSCS that was not e eMAR included examples as 29am, 8:00pm and 10:00pm, minophen 10mg-325mg was CSCS. There was one entry on am. | | | | |
| | signed out on the C documented on the -On 03/17/22 at 8:0 hydrocodone-aceta signed both times of | SCS. There was one entry eMAR at 9:26am. | | | | |
| | could not be detern an accurate accour | minophen 10mg-325mg | | | | |
| | Review of Resident 2022 revealed: ealth Service Regulation | t #4's CSCS for March/April | | | | |

| | of Health Service Re IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | |
|---------------|--|---|-----------------|--|-----------------|--------------|
| ND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | ······ | COM | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| AME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | | | | MALL COURT | | |
| HE IVY | AT CLEMMONS | | ONS, NC 2701 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | THE APPROPRIATE | COMPLE |
| D 392 | Continued From pa | ige 229 | D 392 | | | |
| | -There was a begin | ining balance of 30 | | | | |
| | | minophen 10mg-325mg | | | | |
| | | tablets dispensed on | | | | |
| C | 03/01/22. | · | | | | |
| | -From 03/22/22 thr | ough 04/06/22, there was | | | | |
| | | nydrocodone-acetaminophen | | | | |
| | | ts were signed out on the | | | | |
| - | | ot correspond with the 21 | | | | |
| | | ministered on the eMAR. | | | | |
| | | acetaminophen 10mg-325mg | | | | |
| | signed out on the C | | | | | |
| | | e eMAR included examples as | | | | |
| | follows: | | | | | |
| | -On 03/22/22 at 9:1 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | the eMAR at 9:09a | SCS. There was one entry on | | | | |
| | -On 03/23/22 at 8:0 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | | CSCS. There was one entry | | | | |
| | documented on the | | | | | |
| | -On 03/24/22 at 8:0 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | | on the CSCS. There was only | | | | |
| | | ited on the eMAR at 8:25pm. | | | | |
| | -On 03/25/8:00am | | | | | |
| | hydrocodone-aceta | minophen 10mg-325mg was | | | | |
| | signed out on the C | SCS. There was one entry on | | | | |
| | the eMAR at 8:46a | m. | | | | |
| | -On 03/29/22 at 8:0 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | | SCS. There was one entry | | | | |
| | documented on the | | | | | |
| | -On 03/30/22 at 9:3 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | | on the CSCS. There was only | | | | |
| | | ited on the eMAR at 9:37am. | | | | |
| | On 04/02/22 at 8:00 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | signed both times d | on the CSCS. There was only | | | | |

| | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED | |
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| | | | | | | R | |
| | | HAL034150 | B. WING | | | 5/17/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | | | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK INS, NC 27012 | 2 MALL COURT | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| D 392 | Continued From pa | ge 230 | D 392 | | | | |
| | one entry documen | ted on the eMAR at 8:03pm. | | | | | |
| | could not be detern an accurate accour | minophen 10mg-325mg | | | | | |
| | revealed: -There was an entr hydrocodone-aceta needed. -There was docume hydrocodone-aceta | minophen 10mg-325mg as | | | | | |
| | revealed: -There was a begin hydrocodone-aceta tablets from the 30 04/01/22. -From 04/06/22 thro documentation 30 h 10mg-325mg table CSCS which did no tablets documented eMAR. | minophen 10mg-325mg tablets dispensed on ough 04/21/22, there was hydrocodone-acetaminophen ts were signed out on the ot correspond with the 20 d as administered on the | | | | | |
| | signed out on the C documented on the follows: -On 04/10/22 at 8:0 hydrocodone-aceta signed out on the C the eMAR at 8:00p -On 04/11/22 at 8:0 | e eMAR included examples as 00am and 8:00pm, minophen 10mg-325mg was CSCS. There was one entry on m. | | | | | |

| | T OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | |
|--------------------------|--|--|---------------------|--|-----------------------------------|-------------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | ······ | COM | PLETED |
| | | HAL034150 | B. WING | | R 05/17/2022 | |
| IAME OF F | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| | | 6010 MEA | DOWBROOK | MALL COURT | | |
| | AT CLEMMONS | CLEMMO | NS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D 392 | Continued From pa | ige 231 | D 392 | | | |
| | signed out on the C | - | | | | |
| | -On 04/12/22 at 8:0 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | | es on the CSCS. There was | | | | |
| | only one entry docu | umented on the eMAR at | | | | |
| | 8:00pm. | | | | | |
| | -On 04/13/8:00am and 8:00pm, | | | | | |
| | nydrocodone-acetaminophen 10mg-325mg was signed out on the CSCS. | | | | | |
| | | | | | | |
| | | On 04/14/22 at 8:00am and 8:00pm, ydrocodone-acetaminophen 10mg-325mg was | | | | |
| | igned out on the CSCS. | | | | | |
| | -On 04/15/22 at 8:0 | | | | | |
| | | minophen 10mg-325mg was | | | | |
| | | on the CSCS. There was only | | | | |
| | | ited on the eMAR at 8:00pm. | | | | |
| | On 04/19/22 at 8:00 | | | | | |
| | | minophen 10mg-325mg was on the CSCS. There was only | | | | |
| | | ited on the eMAR at 8:00pm. | | | | |
| | Based on the CSC | S compared with the eMAR it | | | | |
| | could not be detern | nined if the CSCS documented | | | | |
| | an accurate accour | | | | | |
| | | minophen 10mg-325mg | | | | |
| | signed out on the C | ,808. | | | | |
| | Review of Resident | t #4's May 2022 eMAR | | | | |
| | revealed: | - | | | | |
| | -There was an entr | | | | | |
| | hydrocodone-aceta needed. | minophen 10mg-325mg as | | | | |
| | -There was docum | | | | | |
| | administered 6 time | minophen 10mg-325mg was es from 05/07/22 through | | | | |
| | 05/11/22. | | | | | |
| | A request was mad | e for Resident #4's CSCS for | | | | |
| | | hydrocodone-acetaminophen | | | | |
| | | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | ECONSTRUCTION | | E SURVEY PLETED |
|---------------|-------------------------------------|--|-----------------|---|-----------------|--------------------|
| | | BERTHIOMHON HOMBEN. | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | | R 17/2022 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | 6010 ME | ADOWBROOM | (MALL COURT | | |
| | AT CLEININIONS | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) COMPLET |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| | | | | DEFICIENC | CY) | |
| D 392 | Continued From pa | age 232 | D 392 | | | |
| | 05/07/22, but could | l not be located and was not | | | | |
| | provided by the end | d of the survey on 05/17/22. | | | | |
| | Interview with Resi | dent #4 on 05/17/22 at 2:53pm | | | | |
| | revealed: | | | | | |
| | -A lot of days she d | | | | | |
| | • | use she did not ask for the | | | | |
| | medication. | d to get the medication but | | | | |
| | | if she did not get the | | | | |
| | | e the pain continued. | | | | |
| | | ed staff were giving her regular | | | | |
| | tylenol and not hydrocodone. | | | | | |
| | | a certain medication aide | | | | |
| | | e hydrocodone in the cup with | | | | |
| | the rest of her med | ications. | | | | |
| | Telephone interview | w with a pharmacist at the | | | | |
| | | narmacy on 05/17/22 at | | | | |
| | 11:31am revealed: | | | | | |
| | | came the primary pharmacy fo | r | | | |
| | the facility mid-way | | | | | |
| | -The pharmacy rec | aminophen twice daily on | | | | |
| | 04/22/22. | | | | | |
| | -The pharmacy dis | | | | | |
| | | minophen tablets to the facility | / | | | |
| | on 04/22/22. | | | | | |
| | | pharmacy dispensed a 15 day | | | | |
| | 30 tablets. | one-acetaminophen which was | > | | | |
| | | done-acetaminophen was | | | | |
| | | eeded to twice daily, the facility | y | | | |
| | elected to use up the | ne PRN medication and not | | | | |
| | send it back to the | | | | | |
| | | cy dispensed a controlled | | | | |
| | | by by the facility with CSCS. | | | | |
| | | he resident's name, the name how many tablets were | | | | |
| | | bensing date and approximate | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---------------|--|---|---------------|--|-------------------------------|-----------------|
| | | | B. WING | | | R |
| | | HAL034150 | | | - 05/17/2 | |
| NAME OF I | PROVIDER OR SUPPLIER | | | ATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ONS, NC 27012 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) COMPLET |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | DATE |
| D 392 | Continued From pa | ige 233 | D 392 | | | |
| | date to refill. | | | | | |
| | facility's previous or 05/17/22 at 11:38ar -Hydrocodone-acet were filled and disp quantity of 56 table -Hydrocodone-acet again on 03/01/22 f -The pharmacy pro controlled drug disp -The facility staff we maintain a decreas medication was sig facility's eMAR was record of receipt, a of the controlled su | aminophen 10mg-325mg bensed on 02/01/22 for a ts. caminophen was dispensed for a quantity of 56 tablets. vided CSCS with each bensed. ere to use the CSCS to ing inventory tracking as the ned out and along with the s used as a readily retrievable dministration, and disposition bstance. asically to ensure an accurate | | | | |
| | 11:02am revealed: -She was unable to CSCS did not mate | v with a MA on 05/17/22 at explain why Resident #4's th entries on the eMAR. | | | | |
| | documented on the -There was a time and that may accound documentation. | e the resident a CSCS she e eMAR and on the CSCS. when the internet was down unt for the lack of eMAR down, there should be paper | | | | |
| | eMARs to show Re administered. -If there were no eN | MARs, she did not want to say | | | | |
| | not know for sure. | | | | | |
| | at 10:35am reveale | v with another MA on 05/17/22 ed: nation why Resident #4's | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | COM | E SURVEY PLETED |
|--------------------------|--|--|---------------------------|--|----------------|-------------------------|
| | | HAL034150 | B. WING | B. WING | | R 17/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE IVY | AT CLEMMONS | | ADOWBROOK DNS, NC 2701 | (MALL COURT 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| D 392 | Continued From pa | ge 234 | D 392 | | | |
| | substance, she doo the eMAR and door CSCS. Interview with the s | | | | | |
| | Care Coordinator (I April 2022 until the -She also continued administering medi -It was her respons CSCS for accuracy | e job duties as interim Residen RCC) from the beginning of beginning of May 2022. d to fill in as MA on the floor cations. ibility to audit the eMARs and but she had not had the time ent because she was filling in | t | | | |
| | #4's CSCS for April -The MAs should si administer a contro -When there was m eMAR and paper M MA did not give the | ign-out each time they | | | | |
| | the CSCS. -They should let he what happened to t medication. | are not to change the count on r know and she would find out he documentation and/or the (05/16/22) no staff told her the | | | | |
| | CSCS count was in | | | | | |
| | -She did not know l April/May 2022 was | Resident #4's CSCS for missing. here were discrepancies with | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|---|---|------------------------------|--|-----------------------------------|------------------------|
| | or connection | DENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | MALL COURT | | |
| | | CLEMMO | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| D 392 | Continued From pa | ge 235 | D 392 | | | |
| | administered on the -She had worked at weeks. -Right now the resid scattered all over th she was helping to Refer to telephone 5:13pm with the Ov Telephone interview 05/17/22 at 5:13pm -The controlled sub each shift with the r | t the facility for almost two dents' paperwork was ne Administrator's office and organize the paperwork. interview on 05/17/22 at vner/Licensee. w with the Owner/Licensee on revealed: stance count should be done | | | | |
| D912 | G.S. 131D-21 Dec Every resident shal 2. To receive care adequate, appropria relevant federal and regulations. This Rule is not me Based on observati reviews, the facility received care and s appropriate and in o federal and state la | ons, interviews, and record failed to ensure residents services which were adequate, compliance with relevant ws and rules and regulations ation administration and | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED R | |
|--------------------------|--|---|---------------------|--|------------------------------------|-------------------------------------|
| | | | A. BUILDING: _ | | | |
| | | HAL034150 | B. WING | | | 17/2022 |
| IAME OF F | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | ADOWBROOK | MALL COURT | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLE ⁻ DATE |
| D912 | Continued From pa | ge 236 | D912 | | | |
| | reviews, the facility medications as ord (Resident #1, #2, # to an anti-depressa anti-psychotic medi medication (#2), a mosteoporosis (#3), a cholesterol levels (# insomnia, a medicat sugar levels, medica a medication to treat movements, an anti antihistamine medic medication (#7), a most of pain was not admi iron supplement, an vascular dementia administered an an medication (#8). [R 13F .1004(a) Medic Violation)]. | rations, interviews, and record failed to administer ered for 7 of 7 residents 3, #4, #5, #7 and #8) related int medication and an ication (#5), an anti-anxiety medication to prevent a medication to treat elevated #4), a medication to treat ation to treat elevated blood rations to treat schizophrenia, at involuntary muscle i-psychotic medication, an cation, and an anti-anxiety resident who was complaining ministered pain medication, an and a medication to treat (#1), and a resident not ti-psychotic and anti-anxiety efer to Tag 358, 10A NCAC cation Administration (Type A2 | | | | |
| | identifying a license (LHPS) task for 2 o (Residents #1 and a oxygen, treatment f | ompleted within 30 days of ed health professional support f 6 sampled residents #2) who had continuous for stage 2 ulcers and required bulation and transferring (#1), | | | | |
| | and a resident who transfers and ambu 10A NCAC 13F .09 | required assistance with llation (#2). [Refer to Tag 280 03(c) Licensed Health ort (Type B Violation)]. | | | | |
| D914 | G.S. 131D-21(4) De | eclaration of Residents' Rights | D914 | | | |

| STATEMEN | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|---|--|---------------------|--|----------------|-------------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | AT CLEMMONS | | | (MALL COURT | | |
| | | CLEMM | ONS, NC 2701 | 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| D914 | Continued From pa | ige 237 | D914 | | | |
| | Every resident shal | laration of Residents' Rights I have the following rights: ntal and physical abuse, tation. | | | | |
| | reviews, the facility | s, observations and record failed to ensure all residents lect related to personal care | | | | |
| | The findings are: | | | | | |
| | interviews, the facil care assistance for related to incontine | vations, record reviews and ity failed to provide personal 1 of 6 sampled residents (#1) nce care. [Refer to Tag 269, 01(a) Personal Care and A2 Violation)]. | | | | |
| | facility failed to prov the resident's asse- residents (#8) who and had a history o in injuries including injuries, and lacera | ews and record reviews, the vide supervision according to ssed needs for 1 of 6 sampled was constantly disoriented f 19 falls in 6 months resulting abrasions, closed head tions. [Refer to Tag 270 10A c) Personal Care and A1 Violation)]. | | | | |
| | reviews, the facility follow-up to meet th sampled residents to failure to notify w (PCP) when a resid | vations, interviews and record failed to ensure referral and ne healthcare needs for 5 of 6 (#1, #4, #5, #6 and #8) related vith the Primary Care Provider dent had continual complaints of unknown origin (#1); for a | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | CONSTRUCTION | | |
|--------------------------|---|--|---------------------|--|----------------------------------|-------------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED |
| | | HAL034150 | B. WING | | | R 17/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| HE IVY | AT CLEMMONS | | | MALL COURT | | |
| | | | ONS, NC 2701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| D914 | Continued From pa | age 238 | D914 | | | |
| | meals (#6); for a repeated to referrals infusions for a weat and an endocrinology management and f elevated blood sugg NCAC 13F .0902(b) Violation)]. 4. Based on intervision facility failed to ensight residents (#8) were orders for a urinaly | and gagging when consuming esident with changes in cation refusals (#8); and for physical therapy and kened immune system (#4); ogist referral for diabetic follow-up with the PCP for ars (#5). [Refer to Tag 273 10/ b) Health Care (Type A1 ews and record reviews, the sure orders for 1 of 6 sampled to implemented related to sis. [Refer to Tag 276 10A c)(3-4) Health Care (Type A2 | | | | |