

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments	{D 000}		
{D 465}	<p>10A NCAC 13F .1308(a) Special Care Unit Staff</p> <p>10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to assure minimum staffing was provided in this Special Care Unit from 1/29/16 through 1/31/16 and from 2/13/16 through 2/21/16 for 5 days on first shift, for 6 days on second shift, and for 7 days on third shift out of 12 sampled days.</p> <p>The findings are:</p> <p>Review of the facility census provided by the Administrator on 3/9/16 revealed: -1/29/16: 51 -1/30/16: 51 -1/31/16: 50 -2/13/16: 49 -2/14/16: 49</p>	{D 465}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	<p>Continued From page 1</p> <p>-2/15/16: 51 -2/16/16: 51 -2/17/16: 51 -2/18/16: 51 -2/19/16: 51 -2/20/16: 51 -2/21/16: 50</p> <p>1. Review of first shift staff hours on time sheets from 1/29/16 through 1/31/16 and from 2/13/16 through 2/21/16 revealed: -1/31: 41.5 (50 hours required for a census of 50) -2/13: 40.5 hours (49 hours required for a census of 49) -2/14: 41 hours (49 hours required for a census of 49) -2/15: 44 hours (51 hours required for a census of 51) -2/21: 44 hours (50 hours required for a census of 50)</p> <p>2. Review of second shift staff hours on time sheets from 1/29/16 through 1/31/16 and from 2/13/16 through 2/21/16 revealed: -1/30: 42.5 hours (51 hours required for a census of 51) -1/31: 36 hours (50 hours required for a census of 50) -2/13: 32.25 hours (49 hours required for a census of 49) -2/15: 42.25 hours (51 hours required for a census of 51) -2/20: 44.50 hours (51 hours required for a census of 51) -2/21: 44 hours (50 hours required for a census of 50)</p> <p>Review of third shift staff hours on time sheets from 1/29/16 through 1/31/16 and from 2/13/16</p>	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	<p>Continued From page 2</p> <p>through 2/21/16 revealed:</p> <ul style="list-style-type: none"> -1/30: 34.5 hours (40.8 hours required for a census of 51) -1/31: 32.5 hours (40 hours required for a census of 50) -2/13: 33.5 hours (39.2 hours required for a census of 49) -2/14: 38.25 hours (39.2 hours required for a census of 49) -2/15: 32 hours (40.8 hours required for a census of 51) -2/18: 38 hours (40.8 hours required for a census of 51) -2/21: 32.25 hours (40 hours required for a census of 50) <p>Interview with the Administrator on 3/9/16 at 8:55am revealed:</p> <ul style="list-style-type: none"> -She was not aware until Monday, 3/7/16, that the shifts were not covered with minimum staffing. -The Supervisors/Medications Aides had not notified her when staff called in and the Supervisors were supposed to call her every time. -Staff have quit recently and they are in the process of hiring and training new staff. -The facility is in a remote region and it has been difficult for individuals to receive training as a Personal Care Aide (PCA) or a CNA (Certified Nursing Assistant). -Obstacles for training PCA's included the distance, cost, and time required to obtain personal care training. -In February, 2016, staff at the State Adult Care Licensure office approved for their Registered Nurse to provide the personal care training. -They should now be able to hire, train, and retain more PCAs. -The Memory Care Unit Coordinator/Resident Care Coordinator (RCC) had stayed late some 	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	<p>Continued From page 3</p> <p>afternoons and came in on the week-end when they were short.</p> <p>-They did not have any system in place which documented the hours and dates the RCC had worked over 40 hours performing direct care staff duties.</p> <p>Interview with the Supervisor/MA, Staff H, on 3/9/16 at 10:30am, revealed:</p> <p>-She makes the staffing schedules on the 27th of every month for the next month and revises them on the 3rd of the current month.</p> <p>-"We do staff according to the resident/staff ratio."</p> <p>-She did not have the staffing schedules for the times noted above because they were at her house.</p> <p>-She had a copy of the schedule they were currently using.</p> <p>-If she did not initially schedule sufficient hours to meet minimum staffing, they asked staff to "stay over," or come in early.</p> <p>-They had to revise the schedule frequently because of last minute notices by staff.</p> <p>On 3/9/16 at 10:30am, review of the current schedule dated 2/29/16 through 3/12/16 revealed the dates of 3/10/16, 3/11/16, and 3/12/16 did not have staff scheduled in sufficient hours to meet minimum staffing requirements as follows:</p> <p>-3rd shift on 3/10: 36 hours (40 hours required with the current census of 50).</p> <p>-3rd shift on 3/11: 36 hours (40 hours required with the current census of 50).</p> <p>-3rd shift on 3/12: 36 hours (40 hours required with the current census of 50).</p> <p>-2nd shift on 3/11: 44 hours (49.6 hours required with current census of 50).</p> <p>-2nd shift on 3/12: 44 hours (49.6 hours required with the current census of 50).</p>	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	<p>Continued From page 4</p> <p>Confidential interviews with staff revealed:</p> <ul style="list-style-type: none"> -On first and second shift the facility is supposed to have four PCAs and two MAs. -Staff do not always know when the schedules have been changed. -The Supervisors are aware that "we have been short staffed." -"Almost every day staff is short...there are 3 personal care workers, but there are four here today because the state showed up yesterday." -"Every day staff is short. A lot of times on my weekends that I work, there are only 2 CNAs until 11:00am of the morning and then 1 more CNA will come in and there are 2 Med Techs and they don't help with personal care and won't even help pass out snacks to the residents." -"Staff is short quite a bit. Have to cut showers short, don't change bed some days, and residents get soaked before I can get to them to change them." -The residents are impacted by staff taking longer to "get to them on rounds." -Some showers are hurried or do not get done. -Beds do not get made. -"It is very stressful." -Staff are supposed to find their own staff replacement, but it is difficult because there are no workers who just work "as needed." -Staff cannot always "stay over" when staff call in. -There are 48 residents which currently require assistance or total assistance with incontinent care. -One residents requires a three person assist with transferring and personal care needs. -Five residents require a two person assist with transferring and personal care needs. -Sometimes a MA has to leave the facility to transfer residents or to run errands for the facility. -The week-ends have less staff than the week-days. 	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	Continued From page 5 The Plan of Protection provided by the facility revealed: -Staff shall be present at all times in sufficient number to meet the needs of the residents, but at no time shall there be less than one staff person who meets the orientation and training requirements in Rule .1309 of this section for up to eight residents on first shift and second shift and one hour for each additional resident and one staff person for up to ten residents on third shift and .8 staff hours for each additional resident. -The facility has been approved through DHHS to provide 80 hours training in order to retain staff. -A Supervisor meeting was held on 3/7/16 in which the Administrator covered staffing ratios. -If a replacement cannot be found for a staff calling in, the Supervisor must stay until the shift is covered and notify management. -The facility has hired new staff. -The Personal Training Staffing Coordinator, the Resident Care Coordinator, and the Administrator will be checking staffing each shift. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT Exceed April 23, 2016	{D 465}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	{D912}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D912}	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on interviews and record, the facility failed to assure the all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to Special Care Unit staff.</p> <p>The findings are"</p> <p>Based on interviews and record reviews, the facility failed to assure minimum staffing was provided in this Special Care Unit from 1/29/16 through 1/31/16 and from 2/13/16 through 2/21/16 for 5 days on first shift, for 6 days on second shift, and for 7 days on third shift out of 12 sampled days. [Refer to Tag 465 10A NCAC 13F .1308(a) Special Care Unit Staff (Type B Violation).]</p>	{D912}		