COMPANY OF THE PARTY.) Meaili Service Regu OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED			
						R		
·			HAL022005	B. WING		03/09/2016		
NAME	OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LIAVE	480 OLD 64 WEST							
\$ 1/-3,1 1.	3415	LE HOUL	HAYESV	ILLE, NC 28904				
(X4) PRE TA	FIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE		
(D	000}	Initial Comments		{D 000}	Decrease to the cited dof	oionooia		
					Response to the cited defi			
			are Licensure Section and		do not constitute an admis	1 .		
			nducted a follow-up survey		or agreement by the facilit			
		on March 8-9, 2016.			truth of the facts alleged o			
					conclusions set forth in the	1		
: {D	465)	10A NCAC 13F .1308	l(a) Special Care Unit Staff	(D 465)	Statement of Deficienceis			
		-			Corrective Action Report;			
			Special Care Unit Staff		Plan of Correction is prepared	ared		
:			sent in the unit at all times in		solely as a matter of Compl			
	sufficient number to meet the needs of the			with State Law.				
	residents; but at no time shall there be less than							
٠.	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		·	It is the policy of Hayesvill	e House			
٠.				to be in compliance with a				
				and federal laws.				
	additional resident; and one staff person for up to			and rodolar laws.				
٠.			shift and .8 hours of staff		·			
		time for each addition	al resident.					
				85500000				
						:		
		This Rule is not met a TYPE B VIOLATION	as evidenced by:	D (465)	10A NCAC 13F.1308(a) Special (Care Unit \$taff		
		Danad on intendes	and ranged emiliaries tha	.	10A NCAC 13F.1308 Special Car	e Unit Staff		
٠,			and record reviews, the e minimum staffing was		(a) Staff shall be present in the ur	it at all times		
			al Care Unit from 1/29/16	: :	in sufficient number to meet the n	eeds of the		
٠		through 1/31/16 and			residents; but at no time shall the			
			first shift, for 6 days on		one staff person, who meets the			
			7 days on third shift out of		training requirements in Rule .130			
•		12 sampled days.	-		for up to eight residents on first ar shifts and 1 hour of staff time for			
- '			•		resident; and one staff person for			
		The findings are:			residents on third shift and .8 hou	rs of staff time		
٠.					for each additional resident.			
		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	•			: '		
The delac	L Uc	alth Service Regulation						
JIVISION (n net	ant on and Leftneron			TITLE	(X6) DATE		

STATE FORM

POC accepted by Brenda Boggs, 4/19/16.

	INT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	COMPLETED
		HAL022005	B. WING		R 03/09/2016
	PROVIDER OR SUPPLIER	Englishment with the second	ADDRESS, CITY, STA	XIE ZIP CODE	
NAME OF	PROVIDER OR SUPPLIER		0 64 WEST	114,411	• :
HAYESV	/ILLE HOUSE		/ILLE, NC 28904		5.44m2-6-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(X4) ID		ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
(p 465	5) Continued From page	9 1	(D 465)		and the second
	-2/15/16: 51			The facility submitted on January	27
	-2/16/16: 51			2016, and subsequently was app	
and the same	-2/17/16: 51			through DHHS to provide an in-ho	
	-2/18/16: 51		ľ	hour training course. This was ap	
	-2/19/16: 51			by Doug Barrick on February 3, 2	
approximation (-2/20/16: 51			On that date, he also approved a	
- Contrasting	-2/21/16: 50		ese contraction of the contracti	which allowed the facility to retain	staff
			equation of the second	who had not yet obtained their Cl	
100	1. Review of first shift	t staff hours on time sheets	SEP-Principle	licensure and were nearing their	3-month
		1/31/16 and from 2/13/16		deadline.	
211 211 211	through 2/21/16 reve				
-Towners		s required for a census of			
· Water	50)			Hayesville House Plan of Correct	ion for rule (D 465)
-		hours required for a census	·	is as follows:	4/23/20
	of 49)	•		-Staff shall be present at all times number to meet the needs of the	
		ours required for a census of	į	no time shall there be less than o	
	49)	•		who meets the orientation and tra	
		ours required for a census of		in Rule 1309 of this section for up	
and the same of th	51)			on first shift and second shift and	
Total Control	-2/21: 44 hours (50 h	ours required for a census of		each additional resident and one	staff person for
	50)			up to ten residents on third shift a	
				for each additional resident.	
		shift staff hours on time	Control of the Contro	-The facility has been approved the	
		through 1/31/16 and from		provide 80 hours training in order	
	2/13/16 through 2/21	/16 revealed:		-A supervisor meeting was held o	
	•	I hours required for a census		the Administrator covered staffing -If a replacement cannot be found	
	of 51)	to different complete		calling in, the Supervisor must sta	
The second		hours required for a census		covered and notify management.	y with the difference
Services	of 50)	O hours required for a		-The facility has hired and continu	ies to hire new staff.
		9 hours required for a			
and a second	census of 49)	i1 hours required for a			
	-2/15: 42.25 hours (5 census of 51)	ti italia iadanan ia m			
ниноски	-2/20 AA EN houre /E	i1 hours required for a			and the second s
	census of 51)	A TO A MANUSCRIPTOR OF THE ANGLES AND			
The state of the s	-2/21: 44 hours /50 l	hours required for a census			
-	of 50)				
жени	Davious of third shift s	staff hours on time sheets	and the second s		
and the second		1/31/16 and from 2/13/16	11-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
ivision of t	Health Service Regulation				
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77.		•			*

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 03/09/2016 HAL022005 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 480 OLD 64 WEST HAVESVILLE HOUSE HAYESVILLE, NC 28904 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID **(EACH DEFICIENCY MUST BE PRECEDED BY FULL** (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY (D 465) (D 465) Continued From page 2 The Personal Training Staffing Coordinator, 4/23/2016 the Resident Care Coordinator, the Business through 2/21/16 revealed: Office Manger, and the Administrator will check -1/30; 34.5 hours (40.8 hours required for a staffing daily. This will be verfied through census of 51) communication. -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) Interview with the Administrator on 3/9/16 at 8:55am revealed: -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 Ragistered 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

Division of Health Service Regulation

STATE FORM

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			HAL022005	B. WING		03/09/2016	
NAM	AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
# & *	480 OLD 64 WEST YESVILLE HOUSE						
, .	MATESVILLE, NO 2000-						ve
PF	4) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{C	465}	Continued From page	3 .	(D 465)			
		they were short. -They did not have an documented the hour	in on the week-end when y system in place which and dates the RCC had performing direct care staff				
		Interview with the Sup 3/9/16 at 10:30am, re-She makes the staffice every month for the non the 3rd of the curre-"We do staff accordingshe did not have the times noted above be house. She had a copy of the currently using. If she did not initially meet minimum staffin over," or come in early and to revise the because of last minute. On 3/9/16 at 10:30am schedule dated 2/29/the dates of 3/10/16, have staff scheduled.	ng schedules on the 27th of ext month and revises them ent month. Ing to the resident/staff ratio." Istaffing schedules for the cause they were at her e schedule they were schedule sufficient hours to g, they asked staff to "stay y. In e schedule frequently e notices by staff. In, review of the current 16 through 3/12/16 revealed 3/11/16, and 3/12/16 did not in sufficient hours to meet				
		minimum staffing required shift on 3/10: 36 with the current censi-3rd shift on 3/11: 36 with the current censi-3rd shift on 3/12: 36 with the current censi-2nd shift on 3/11: 44 with current census of	uirements as follows: hours (40 hours required us of 50). hours (40 hours required us of 50). hours (40 hours required us of 50). hours (49.6 hours required f 50). hours (49.6 hours required				

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		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S			
AND PL	AN C	F CORRECTION	IDENTIFICATION NUMBER:	ON NUMBER: A. BUILDING:		COMPLETED			
			The straight of the straight o	9					
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			TALVEOVO			8 9010	#1.000 1 C		
NAME C	AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
	480 OLD 64 WEST								
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					PROVIDER'S PLAN OF CORRECTION	.i	(X5)		
(X4)			ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE		
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					DEFICIENCY)				
	253	A Lucy A France		{D 465}					
(D4	ן נסכ	Continued From page	34	(D 400)			a and a second		
		Confidential interview	s with staff revealed:						
	.	-On first and second	shift the facility is supposed						
	.	to have four PCAs an	d two MAs.						
.	. [mow when the schedules						
. [.	have been changed.		the same of the sa	and processing the state of the				
			aware that "we have been	ĺ					
· · [. [short staffed."			,				
. [aff is shortthere are 3						
.			s, but there are four here						
[1	today because the state showed up yesterday."		53 Agrae					
		-"Every day staff is short. A lot of times on my							
1	1		, there are only 2 CNAs until						
	-	11:00am of the morning and then 1 more CNA will		-			-		
			2 Med Techs and they						
٠. ا			nal care and won't even help						
***************************************		pass out snacks to the		-					
and the same of th		-"Staff is short quite a bit. Have to cut showers		A THE STATE OF THE			•		
		short, don't change bed some days, and					-		
and the second	- Carrier		before I can get to them to						
	l	change them."							
-			pacted by staff taking longer						
		to "get to them on rou							
· · · · · · · · · · · · · · · · · · ·	1		turried or do not get done.						
		-Beds do not get med			-				
	.	-"It is very stressful."			·				
		-Staff are supposed to	o find their own staff		•				
Stotement	.]		difficult because there are	M. Carlotte	·				
		no workers who just v		CILL					
	•	-Staff cannot always	"stay over" when staff call in.		·				
	-	-There are 48 residen	nts which currently require						
in the second			sistance with incontinent						
		care.	,						
1	-	-One residents requir	es a three person assist with						
	ĺ	transferring and person	onal care needs.	l					
1			e a two person assist with	Ti di Ciarra	,				
	į	transferring and person							
			s to leave the facility to						
		transfer regidents or t	o run errands for the facility.						
		-The week-ends have	less staff than the						
		week-days.	and the second s			l			

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Div	sion o	<u>f Health Service Regul</u>	Division of Health Service Regulation								
		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIÉR/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
AND	PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		1					
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NAW	e of Pr	ROVIDER OR SUPPLIER		DRESS, CITY, STA	IE, ZIP CUDE						
LIAV	reevii	LE HOUSE	480 OLD 6								
6 10779	HAYESVILLE, NC 28904										
(X	4) ID		STEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE				
	EFIX AG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE				
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{L	465)	Continued From page	9.5	(o roo)			. Contraction				
			n provided by the facility	WHITE COLUMN		-					
		revealed:					100				
			t at all times in sufficient				g				
			eeds of the residents, but at				description				
		no time shall there be who meets the orients	less than one staff person								
							defenda				
•		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		MITTER COMMITTER	•		ı				
		staff person for up to ten residents on third shift									
		and .8 staff hours for each additional resident.				į					
		-The facility has been approved through DHHS to					77				
			ing in order to retain staff.								
		-A Supervisor meeting was held on 3/7/16 in			,						
		which the Administrator covered staffing ratios.									
`			not be found for a staff								
			sor must stay until the shift		•						
. *		is covered and notify and another -The facility has hired									
٠			g Staffing Coordinator, the								
		Resident Care Coordi	inator, and the Administrator								
.*		will be checking staffit									
			_	PANADOZINA I	,						
		CORRECTION DATE									
		VIOLATION SHALL N	IOT Exceed April 23, 2016								
(D912)	G.S. 131D-21(2) Deci	laration of Residents' Rights	(D912)	G.S. 131D-21(2) Declaration of Re	sidents' R	ights				
•				RECORDING TO							
			ation of Residents' Rights		G.S. 131D-21(2) Declaration of Re	sidents' R	ignts				
		Every resident shall h	ave the following rights:	0	Every resident shall have the follow 2. To recieve care and services wh	ving rights ich are					
	1	2. To receive care an	o services which are e, and in compliance with	<u>'</u>	adequate, appropriate, and in com		_{th} I				
		auequais, appropriate	etate laws and rules and	1	relevant federal and state laws and						
	j . I	regulations.	state with a all to renea arre		regulations.						
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		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S			
AND PI	AN C	F CORRECTION	FIGHT IS INVITABLE AND INCIDEUR.	A. BUILDING: _	A. BUILDING:		· Design		
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			HAL022005	B. WING		03/0	9/2016		
			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE						
NAME	NE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
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					DEFICIENCY)				
IDA	12}	Continued From page	. 6	{D912}					
ร์กล	143	Commuea From page		[Hayesville House Plan of Correction	on for (D91	2) 4/23/2016		
		This Rule is not met	as evidenced by:	1	is as follows:		Acceptance of the Control of the Con		
			and record, the facility failed		Refer to Tag 465 10A NCAC 13F.	1308 (a) S	pecial		
			ents received care and		Care Unit Staff (Type B Violation).		TA CONTRACTOR OF THE CONTRACTO		
			adequate, appropriate, and			- حادث الم			
			evant federal and state laws		-Resident right training is schedule		puasman		
.*			ions related to Special Care		on April 18, 2016, which was his s	soonest			
		Unit staff.	•		available date.		OSTANIA		
				1			petion		
		The findings are"		Average and the second	,				
		Doed on Intenders	and record reviews, the				and the second		
			e minimum staffing was		nesses				
			al Care Unit from 1/29/16		The state of the s		Tabulata in the same of the sa		
		through 1/31/16 and			.•		stanticoses		
			first shift, for 6 days on				Sections		
		second snin, and for a	7 days on third shift out of efer to Tag 465 10A NCAC	To an					
		12 52(11) 120 03y5. [RE	Care Unit Staff (Type B						
			vale villi otali (1966 p						
		Violation).]							
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