

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on November 7-8, 2018.	D 000		
D 113	<p>10A NCAC 13F .0311(d) Other Requirements</p> <p>10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) for 5 of 6 sinks in resident rooms, 2 of 6 resident showers, and 1 of 3 common bathroom sinks.</p> <p>The findings are:</p> <p>Observation of resident rooms 501 and 503 shared bathroom on 11/07/18 at 9:00am revealed the water temperature at the sink was 94 degrees F after running the water for approximately two minutes.</p> <p>Observation of resident rooms 501 and 503 shared bathroom on 11/07/18 at 9:04am revealed the water temperature at the shower was 92 degrees F after running the water for approximately two minutes.</p>	D 113		

Division of Health Service Regulation
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: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(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 113	<p>Continued From page 1</p> <p>Interview with the resident who resided in room 501 on 11/07/18 at 2:32pm revealed: -She used the common bathroom to bathe. -She took her baths in the late evenings. -The water temperatures had been "fine" for her baths.</p> <p>Observation of resident rooms 502 and 504 shared bathroom on 11/07/18 at 9:12am revealed the water temperature at the sink was 94 degrees F after running the water for approximately two minutes.</p> <p>Interview with the resident who resided in room 502 on 11/07/18 at 9:05am revealed: -He had not noticed any problems with the water not getting hot enough at the sink in his bathroom. -He took baths in the common bathroom and neither he nor the resident with whom he shared his bathroom ever used the shower in their bathroom.</p> <p>Observation of resident rooms 505 and 507 shared bathroom on 11/07/18 at 9:34am revealed the water temperature at the sink was 96 degrees F after running the water for approximately two minutes.</p> <p>Observation of resident rooms 505 and 507 shared bathroom on 11/07/18 at 9:38am revealed the water temperature at the shower was 94 degrees F after running the water for approximately two minutes.</p> <p>Interview with maintenance staff on 11/07/18 at 9:19am revealed: -He checked water temperatures once a month and kept a log of the temperatures.</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(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 113	<p>Continued From page 2</p> <p>-He had to let the water run five to ten minutes to get a "good reading" of 100 degrees F to 116 degrees F.</p> <p>-Hot water was provided to the resident rooms by one electric water heater.</p> <p>-Hot water was provided to the kitchen by 1 tankless hot water heater.</p> <p>-Hot water was provided to the laundry by 1 tankless hot water heater.</p> <p>Review of the facility hot water temperature logs revealed:</p> <p>-The logs were available dating back to March 2017.</p> <p>-On 06/04/18 at 9:10am, the hot water temperature in room 509 was 111 degrees F.</p> <p>-On 07/05/18 at 9:01am, the hot water temperature in room 502 was 107.3 degrees F.</p> <p>-On 09/06/18 at 8:50am, the hot water temperature in room 503 was 106 degrees F.</p> <p>-On 10/01/18 at 8:05am, the hot water temperature in room 106 was 108 degrees F.</p> <p>-On 11/01/18 at 8:05am, the hot water temperature in room 509 was 106 degrees F.</p> <p>On 11/07/18 at 10:04am the maintenance staff's digital thermometer and the surveyor's thermometer was calibrated using an ice water slurry. The maintenance staff's thermometer displayed 32.5 degrees F compared to 32 degrees F on the surveyor's thermometer.</p> <p>Observation of the common shower room on 11/07/18 at 2:23pm revealed the water temperature at the sink was 94 degrees F after running the water for approximately two minutes.</p> <p>Observation of resident rooms 509 and 511 shared bathroom on 11/07/18 at 2:28pm revealed the water temperature at the sink was 84 degrees</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(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 113	<p>Continued From page 3</p> <p>F after running the water for approximately two minutes.</p> <p>Interview with the resident who resided in room 511 on 11/07/18 at 2:28pm revealed the temperature of the hot water "has not bothered" him.</p> <p>Observation of resident room 506 private bathroom on 11/07/18 at 2:38pm revealed the water temperature at the sink was 90 degrees F after running the water for approximately two minutes.</p> <p>Interview with a personal care aide on 11/07/18 at 2:03pm revealed: -The water temperatures "today" were "odd" because they usually had enough hot water to get through morning showers without any issues. -She had noticed by the time they filled the bathtub in the common bathroom for a resident the water would be "getting cool and cold by the time the bath was done." -The staff had to do the evening showers quickly because the water would get "colder quicker at night." -Several residents had complained to her about the water temperatures and did not want to take their showers after a certain time of day because they knew the water would be cooler.</p> <p>Interview with maintenance staff on 11/07/18 at 2:22pm revealed: -He had turned up the temperature on the hot water heater which provided hot water to the residents rooms and common bathroom up to 125 degrees F at 10:00am on 11/07/18. -The water temperatures he had just checked were still not above 97 degrees F. -He was going to contact a plumber immediately</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(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 113	<p>Continued From page 4</p> <p>to get assistance.</p> <p>Interview with a second personal care aide on 11/07/18 at 2:40pm revealed: -She had not noticed any issues with the hot water temperatures. -"I have a couple of residents who want the hot water turned up all the way, but it does not burn them." -The residents had never complained to her about the water not being hot enough.</p> <p>Interview with maintenance staff on 11/08/18 at 8:45am revealed: -A plumber would be coming to check on the hot water issue that afternoon. -The last monthly temperature check he had performed in the facility was on 11/01/18 and the water temperatures were "okay." -Only 3 of 6 available resident room showers were routinely used by residents to bathe and only two of those showers had current temperatures which were less than 100 degrees F.</p> <p>Observation of resident room 502 and 504 shared bathroom on 11/08/18 at 8:51am revealed the water temperature recheck at the sink was 88 degrees F after running the water for approximately two minutes.</p> <p>Interview with the Regional Resident Care Coordinator on 11/08/18 at 2:00pm revealed: -The maintenance staff was responsible for checking the facility water temperatures monthly and recording them in a log. -If there was a problem with the water temperatures, the temperatures should be checked more often. -A plumber had been called to assist in discovery</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(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 113	Continued From page 5 of why the water temperatures were not coming up after the water heater temperature had been adjusted.	D 113		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure physician notification of a missed pain clinic referral and a delayed pain clinic referral for 1 of 3 sampled residents (Resident #2).</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 08/29/18 revealed: -Diagnoses included follicular lymphoma, anemia, diaphragmatic hernia, monoplegic upper limb, disease of stomach unspecified, polyp stomach and duodenum, and long term opiate analgesic. -There was an order for Tramadol 50mg, 2 tablets three times daily for pain. -There was an order for acetaminophen 500mg, 2 tablets every six hours as needed for pain.</p> <p>Interview with Resident #2 on 11/07/18 at 8:29am and 11/08/18 at 11:35am revealed: -"My back hurts out of this world."</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 6</p> <ul style="list-style-type: none"> -The resident's spine had been "cemented" recently. -The resident received scheduled pain medications, however the medications were not given frequently enough to control the resident's pain. -The resident had told the medication aides "many times" the scheduled pain medication was not controlling the pain. -The medication aides would give Resident #2 two acetaminophen (used to reduce pain) in addition to the scheduled pain medication, however the medications still did not control the resident's pain. -Resident #2's physicians were aware of her back pain and had written orders to address the issue, however facility staff had not followed up with the physician's orders. -"It is frustrating." <p>Review of Resident #2's September 2018 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -An entry for Tramadol 50mg, 2 tablets were documented as administered three times daily at 8:00am, 2:00pm, and 8:00pm from 09/01/18 to 09/30/18. -An entry for acetaminophen 500mg, 2 tablets every 6 hours as needed for pain were documented as administered once on 09/14/18 at 12:09am from 09/01/18 to 09/30/18. <p>Review of Resident #2's October 2018 eMAR revealed:</p> <ul style="list-style-type: none"> -An entry for Tramadol 50mg, 2 tablets were documented as administered three times daily at 8:00am, 2:00pm, and 8:00pm from 10/01/18 to 10/31/18. -An entry for acetaminophen 500mg, 2 tablets every 6 hours as needed for pain were 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 7</p> <p>documented as administered on 10/02/18 at 11:49pm, on 10/09/18 at 12:41am, and on 10/14/18 at 11:38pm from 10/01/18 to 10/31/18.</p> <p>Review of Resident #2's November 2018 eMAR revealed: -An entry for Tramadol 50mg, 2 tablets were documented as administered three times daily at 8:00am, 2:00pm, and 8:00pm from 11/01/18 to 11/07/18 at 8:00am. -An entry for acetaminophen 500mg, 2 tablets every 6 hours as needed for pain were documented as administered on 11/02/18 at 10:57pm from 11/01/18 to 11/07/18 at 8:00am.</p> <p>Review of Resident #2's Nurse's Note entries revealed: -On 04/24/18, Resident #2's Nurse Practitioner ordered a referral to a local pain clinic. -On 05/10/18, an appointment was obtained for Resident #2 at the local pain clinic for 05/31/18 at 9:00am. -On 05/30/18, the appointment for Resident #2 at the local pain clinic for 05/31/18 was canceled because a family member was unable to take the resident to the appointment. The note indicated the appointment at the pain clinic would be rescheduled.</p> <p>Review of Resident #2's spine clinic visit note dated 06/13/18 revealed: -The resident had thoracic compression fractures of indeterminate age. -The resident had prior thoracic kyphoplasty 12/01/16. -The resident was evaluated due to "pain from between the shoulder blades down the back to the low back." -The resident had experienced pain for over 8 weeks.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 8</p> <p>"We discussed treating fractures with bracing versus kyphoplasty."</p> <p>"Patient says that if she had a new fracture she would want to address it with kyphoplasty."</p> <p>Review of Resident #2's Nurse's Note dated 06/21/18 revealed the resident had a "procedure" on her back at a local hospital.</p> <p>Review of Resident #2's Nurse Practitioner order dated 07/16/18 revealed follow up with the local pain management clinic for the resident's chronic pain.</p> <p>Review of Resident #2's local pain management clinic note dated 11/07/18 revealed an order for an MRI (Magnetic Resonance Imaging used to form pictures of the anatomy and physiology processes of the body).</p> <p>Interview with a personal care aide on 11/07/18 at 2:03pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 complained of back and right shoulder pain. "She usually complains a couple times a day about something." "Most of the time, she will tell me it's really hurting." -The resident described the pain as "someone standing on it, sharp, throbbing pain." -She would tell the medication aide about each complaint of pain for Resident #2. -The medication aides would then "come talk to her" and give her some acetaminophen. "I've caught her in the bathroom crying." -If she had concerns Resident #2's needs were not appropriately addressed by the medication aides, she would communicate her concerns to the Resident Care Coordinator (RCC). 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 9</p> <p>Interview with another personal care aide on 11/07/18 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 did complain of hurting in her back and she asked for acetaminophen. -Resident #2 "does not complain or get ill or anything, but she just has this look that she's hurting." <p>Interview with a medication aide on 11/07/18 at 2:50pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 had cement put in her back "awhile back." -The resident was going to the pain management clinic "today" (11/07/18), because a previous appointment from 05/31/18 was canceled. -The previous medication aide had failed to reschedule the original appointment on 05/31/18 when it was canceled. -The current medication aide had scheduled the pain clinic referral order written on 07/16/18 when she took over the building when the prior medication aide had quit. -The pain clinic was so busy the appointment on 11/07/18 was the earliest appointment the clinic had available. -The facility transportation aide was taking Resident #2 to the appointment. -Resident #2 did frequently complain of pain in her back and stomach. <p>Interview with the Regional RCC on 11/08/18 at 9:15am revealed:</p> <ul style="list-style-type: none"> -The first referral to the pain clinic written by the Nurse Practitioner was scheduled for 05/31/18, but the appointment was canceled when the family member could not take the resident to the appointment. -Resident #2 was sent to the spine clinic and the physician there said she did not need to go to the pain management clinic. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 10</p> <p>-In July 2018, Resident #2 started complaining of pain again and her Nurse Practitioner referred her again to the pain clinic on 07/16/18.</p> <p>-The medication aide in the building at the time did not make the new referral appointment.</p> <p>-When the new medication aide took over the building (about 3 weeks ago) and she realized the appointment had not been made, she then called the pain clinic and got the earliest appointment available which was on 11/07/18.</p> <p>Telephone interview with Resident #2's Nurse Practitioner (NP) on 11/08/18 at 1:45pm revealed:</p> <p>-She had been Resident #2's primary care provider for the past 8 years.</p> <p>-When Resident #2's original appointment for the pain clinic on 05/31/18 had to be canceled, she would have expected the facility to reschedule the appointment "at that time."</p> <p>-The resident did have a spine clinic follow up on 07/02/18 after her kyphoplasty procedure on 06/21/18 and "everything was fine."</p> <p>-She wrote the pain clinic referral on 07/16/18, due to the resident's continued complaints of pain.</p> <p>-She had seen Resident #2 on two other occasions (08/20/18 and 10/15/18) after the order for the pain clinic referral on 07/16/18 was written.</p> <p>-"Staff say she never appears to be in pain."</p> <p>-"She doesn't appear to be in pain to me either."</p> <p>-"I don't feel like she needs anything else for pain."</p> <p>-The NP had made multiple specialist referrals, but the specialists had been unable to find anything wrong with the resident.</p> <p>Attempted telephone interview with Resident #2's spine clinic on 11/08/18 at 9:44am was unsuccessful.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 11 Attempted telephone interview with the local pain clinic on 11/08/18 at 9:55am was unsuccessful.	D 273		