



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

July 29, 2020

Lydia Jacob, Administrator  
S-H OpCo Eastover, LLC., Licensee  
The Social at Cotswold  
3610 Randolph Rd  
Charlotte, NC 28211

*Lydia.jacob@thesocialatcotswold.com*

**Re: Complaint Investigation completed July 20, 2020 (Event ID WFR211 /Complaint Intake Reference NC00166424 / County Complaint); COVID-19 focused Infection Control Survey with an Onsite Visit on July 20, 2020.**  
**Facility: The Social at Cotswold**  
**Licensure Number: HAL-060-132**  
**County: Mecklenburg**

Dear Ms. Jacob:

Thank you for the cooperation and courtesy extended during the survey completed July 20, 2020 by staff with the Adult Care Licensure Section and Mecklenburg County DSS.

Based on the survey findings, 1 of 15 complaint allegations was substantiated resulting in a deficiency in the rule area of 10A NCAC 13 F .1309 Special Care Unit Staff Orientation and Training.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
ADULT CARE LICENSURE SECTION

LOCATION: 801 Biggs Drive, Brown Building, Raleigh, NC 27603  
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3765 • FAX: 919-733-9379

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- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent **ONLY** if the plan of correction is not accepted. Please retain a copy for your files.

### Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **August 19, 2020**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **August 19, 2020**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at (828) 707-3520. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,



Joseph Cline, Licensure Consultant  
Adult Care Licensure Section  
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Mark Rowe, Supervisor/Designee, Mecklenburg County DSS  
Heather Bingham, Team Supervisor, West 2 Region, Adult Care Licensure Section  
Facility File

### Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

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HAL-060-132  
July 29, 2020

**Please note:** Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: <http://info.ncdhhs.gov/dhsr/customerservice.html>  
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

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Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL060132	A. BUILDING: _____  B. WING: _____	C 07/20/2020

NAME OF PROVIDER OR SUPPLIER  THE SOCIAL AT COTSWOLD	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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 and the Mecklenburg County DSS conducted a complaint investigation and a COVID-19 focused infection Control Survey with an onsite visit on July 20, 2020 and a desk review survey on July 6, 2020 through July 20, 2020 and a telephone exit on July 20, 2020.	D 000	Employee Plan of correction for the Social at Cotswold:  Rule/ Statue violated: 10ANCAC 13F.1309 Special Care Unit Staff Orientation and Training  D 468 (1) The Administrator has the following plan in place to train each employee:  D 468 (2)  Employees A and C cited in the statement of deficiencies will be scheduled to complete the 6 hours dementia training by August 31, 2020 or will be removed from the schedule until training  Current employees files will be audited and employees that have not completed the 6 hour training will be scheduled to complete the is complete the courses by August 31, 2020 or will be removed from the schedule until training is complete.  Each new employee will be scheduled for Orientation and will complete 6 hours of Dementia Training on Relias the first week of employment.  Alzheimer's Disease and Related Disorders: 1. An Overview 2. Activities of Daily Living 3. Behavior and ADL Management 4. Communication 5. Challenging Behaviors in Dementia Care 6. Caring for a Person with Dementia: Behavior and Communication  Responsible: CBD, VPRX/Prezi. CBD will run compliance reports weekly and forward to VPRX and Prezi.  All training will be reviewed at the monthly QA meeting for next year and then quarterly. Any deficiencies will be addressed immediately.	
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train  10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training  The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least	D 468		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kyde In*

TITLE

*PRESIDENT*

(X6) DATE

*8/18/2020*

If continuation sheet 1 of 3

*Joseph Cline*

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL060132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/20/2020
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NAME OF PROVIDER OR SUPPLIER  
**THE SOCIAL AT COTSWOLD**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**3610 RANDOLPH ROAD  
CHARLOTTE, NC 28211**

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D 468	<p>Continued From page 1</p> <p>12 hours of continuing education annually, of which six hours shall be dementia specific.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 3 sampled staff (Staff A, and C) had received the 6 hours of special care unit (SCU) orientation training within the first week of hire, and one staff (Staff A) who worked in the Special Care Unit had completed an additional 20 hours of training.</p> <p>The Findings are:</p> <p>1. Review of employee record for Staff A, Personal Care Aide (PCA) by the facility revealed: -Staff A was hired on 08/21/19. -There was no documentation Staff A had any SCU training.</p> <p>Attempted telephone interview with Staff A, PCA on 07/20/20 at 2:00pm was unsuccessful</p> <p>2. Review of employee record for Staff C, PCA by the facility revealed: -Staff C was hired on 02/26/20. -There was no documentation provided that Staff C had any SCU training.</p> <p>Telephone interview on 07/20/20 at 2:20pm with Staff C revealed: -She had been a PCA for 10 years. -She had training on working with residents on the SCU. -She had completed online training when she started at the facility for working with residents with dementia.</p>	D 468	<p>D 468 (3) Current employees files will be audited and employees that have not completed the 6 hour training will be scheduled to complete the 20 hours training by September 15, 2020. New employees will be scheduled to complete 20 hours training in the first 6 months of employment.</p> <p>The 20 hours will include the following courses:</p> <ul style="list-style-type: none"> <li>- 8 Hours Dementia training National Institute of Dementia Education for caregiver certification.</li> <li>- A day in the life of Henry</li> <li>- Dementia Care Coaching and Completing ADLs</li> <li>- Alzheimer's and Nutrition</li> <li>- Young Onset of Alzheimer's disease</li> <li>- Care of Cognitively impaired</li> <li>- Normal Aging vs. Dementia/ Alzheimer's</li> <li>- Alzheimer's Disease and Related Disorders: Activities</li> <li>- Dementia Care: Helping Families and Friends</li> <li>- Dementia Care: Music &amp; Art Interventions</li> <li>- Caring for a Person with Dementia: Behaviors and Communication</li> <li>- Delirium, Dementia, Depression</li> <li>- Communication in Dementia Care</li> </ul> <p>Responsible: Memory Care Coordinator (MCC)/VPRX-RN/ President. CBD will audit training weekly by running training compliance report and forward them to VPRX and Prezi.</p> <p>All training will be reviewed at the monthly QA meeting for next year and then quarterly. Any deficiencies will be addressed immediately.</p>	

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL060132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/20/2020
NAME OF PROVIDER OR SUPPLIER  THE SOCIAL AT COTSWOLD		STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211		
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D 468	Continued From page 2  Telephone interview on 07/20/20 at 1:45pm with the Administrator revealed: -When she started at the facility in February 2020 her priority was to reduce the use of the agency staff and hire staff for the facility. -She had not had the time to go through the staff folders to make sure everyone had all the training needed. -It was the responsibility of the Business Office Manager (BOM) to assure all staff had the training needed. -The BOM in February 2020 and was still new to the training needs of the employees. -She would make sure that all staff had training in the SCU.	D 468	D 468 (4) Current employees will be scheduled to complete 12 hours of training of which 6 hours dementia specific. All current employees will complete annual training by October 31, 2020.  - Understanding Alzheimer's Disease - Differing Dementias - Dementia with Lewy Bodies - Dementia Care: Bathing - Dementia Care: Managing challenging behaviors - Vascular Dementia - Bloodborne pathogens - PPE - Abuse and Neglect - Fir Safety - Food safety fundamentals - Diabetes basics  Responsible: Memory Care Coordinator (MCC)/VPRX/Prezi. CBD will audit files bi weekly for completion of annual training and forward the report to VPRX and Prezi.  Community Business Director (CBD) will audit files quarterly for completion of required training and forward report to Prezi and VPRX.  All training will be reviewed at the monthly QA meeting for next year and then quarterly. Any deficiencies will be addressed immediately.	

*Lydia M* 8/17/20