	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDILAN	O CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COIVII LI	LILD
		HAL044041	B. WING		C 07/22/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPICEWO	OD COTTAGES WILLOW	/S 65 LOVING CLYDE, NC				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted an annual survey and complaint investigation on 07/21/22 and 07/22/22.					
D 150	.0501 Personal Care	Training And Competency	D 150			
	10A NCAC 13F .0501 And Competency	Personal Care Training				
	who provide or directly provide personal care complete an 80-hour competency evaluated the Department. Directly on duty in the facility performance of staff (80-hour training and oprogram are available mailing by contacting Services, Adult Care Mail Service Center, I (b) The facility shall a in Paragraph (a) of the completed within six in hired after September the successful complete and competency evaluated.	to residents successfully personal care training and on program established by actly supervise means being to oversee or direct the duties. Copies of the competency evaluation at the cost of printing and the Division of Facility Licensure Section, 2708 Raleigh, NC 27699-2708. Assure that training specified is Rule is successfully months after hiring for staff or 1, 2003. Documentation of the 80-hour training uation program shall be lity and available for review.				
	Based on record revieus facility failed to ensure A) who provided pers	ews and interviews, the e 1 of 3 sampled staff (Staff onal care to residents had accessful completion of an				

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

TITLE (X6) DATE

DIVISION	n nealth Service Regu	iation	_		
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED
			2312513.		
					l c
		HAL044041	B. WING		07/22/2022
		117 (2011)			OTTEL/EGEE
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		65 LOVING	2 W/V		
SPICEWO	OD COTTAGES WILLOW	/S			
		CLYDE, N	C 28721		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
			1	DEFICIENCY)	
D 150	Continued From page	2 1	D 150		
	00				
		e training and competency			
	evaluation program.				
	The findings are:				
	Pavious of Stoff Ala n	ersonal care aide's (PCA),			
	· ·	. ,			
	personnel record reve				
	-Staff A's hire date wa				
	-There was no docum	nentation Staff A completed			
	an 80-hour personal of	care and competency			
	training.	, ,			
	training.				
	lesta mai averacitha tha a Deca	sinoso Offico Managan			
		siness Office Manager			
	(BOM) on 07/22/22 at				
	 She was responsible 	for maintaining all of the			
	records related to star	ff qualifications.			
	-Staff A was hired as	•			
	-Staff A had not yet co				
	-	•			
	personal care and co				
	-	to complete the 80-hour			
	personal care and co	mpetency training within 6			
	months of hire.				
	-Staff A had been regi	istered for the training and			
	was emailed a link to				
		•			
	nowever stall A did n	ot complete the training.			
	Interview with the Adr	ninistrator on 07/22/22 at			
	12:45pm revealed:				
	-He was aware Staff A	A did not complete the			
80-hour personal care and competency training.					
-Staff A had been given three prior opportunities					
	to take the training.				
		uled for the training, but			
	missed the class.				
	-Staff A would have to	complete the training			
		ne would not be allowed to			
	come back to work.				
	SOME BOOK TO WORK.				
				1	

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 2 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL044041	HAL044041 B. WING		C 07/22/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		65 LOVING	WAY		
SPICEWO	OD COTTAGES WILLOW	VS CLYDE, NO			
	OLIMANA DV OT	· · · · · · · · · · · · · · · · · · ·		PROVIDERIO PLAN OF CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 187	Continued From page	2	D 187		
D 187	D 187 10A NCAC 13F .0604 (d) Personal Care And Other Staffing				
	10A NCAC 13F .0604 Staffing	Personal Care And Other			
	(d) Homes with capacity or census of 13-20 shall comply with the following staffing. When the home is staffing to census and the census falls below 13 residents, the staffing requirements for a home with 12 or fewer residents shall apply. (1) At all times there shall be an administrator or administrator-in-charge in the home or within 500 feet of the home with a means of two-way telecommunication. (2) When the administrator or administrator-in-charge is not on duty within the home, there shall be at least one staff member on duty on the first, second and third shifts. (3) When the administrator or administrator-in-charge is on duty within the home, another staff member (i.e. co-administrator, administrator-in-charge or aide) shall be in the building or within 500 feet of the home with a means of two-way telecommunication at all times. (4) The job responsibility of the staff member on duty within the home is to provide the direct personal assistance and supervision needed by the residents. Any housekeeping duties performed by the staff member between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks. The staff member may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long as such duties do not hinder care of residents or immediate response to resident calls, do not disrupt residents' normal lifestyles and sleeping patterns and do not take the staff member out of view of				

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 3 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL044041	B. WING		07	C 7/22/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE	-	
		65 LOVI	NG WAY			
SPICEWO	OOD COTTAGES WILLOW	VS CLYDE,	NC 28721			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 187	duty to attend to the assigned food servic (5) In addition to the attend to the residen	are. The staff member on residents shall not be	D 187			
	This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure there was at least one staff member on duty at all times in the facility on night shift to provide personal care and supervision to the residents. The findings are:					
	8:40am revealed: -The current census -Currently, there was (PCA) assigned to re provide personal care residents, and one m assigned to administ (6:30am to 3:00pm). Observation in the fa	one personal care aide main in the facility and e and supervision to the				
	provide personal care residents. Interview with the PC revealed:	e and supervision to the A on 07/21/22 at 8:46am the facility was currently				

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 4 of 14

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SI LOVING WAY CLYDE, NC 28721 MAI, ID PRESTAN STREET ADDRESS, CITY, STATE, ZIP CODE SI LOVING WAY CLYDE, NC 28721 MAI, ID PRESTAN STREET ADDRESS, CITY, STATE, ZIP CODE SI LOVING WAY CLYDE, NC 28721 MAI, ID PRESTAN STREET ADDRESS, CITY, STATE, ZIP CODE SI LOVING WAY CLYDE, NC 28721 MAI, ID PRESTAN STREET ADDRESS PLAN OF CORRECTION IF ADD TO CORRECTION CONDITION REGULATORY OR LSC IDENTIFYING INFORMATION) D 187	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
SPICEWOOD COTTAGES WILLOWS CLYDE, No. 28721			HAL044041	B. WING			
CLYDE, NC 28721 ID PROVIDERS PLAN OF CORRECTION CASS. ID PROVIDERS PLAN OF CORRECTION CASS. COMPLETE COMPLETE COMPLET PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETE COM	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 187 Continued From page 4 next door at a sister facility administering medications. -The MA would return to the facility. -The MA would return to the facility. -The MA would return to the facility on 07/22/22 at 8:10am revealed the entrance doors to the sister facility were within approximately 20 yards of the facility were within approximately 20 yards of the facility with one resident on 07/21/22 at 9:14am revealed: -Interview with one resident on 07/21/22 at 9:14am revealed: -Interview with one resident on 07/21/22 at 9:14am revealed: -Staff did not always respond timely to answer call lights. -She needed assistance from staff to go to the bathroom, to transfer, and to shower. -Sometimes' it took staff "awhile" to respond to her call light. -One night "about a month and a half ago" she had put her call light on at 3:30am to 4:00am and night shift staff did not respond to the call light. -The call light was responded to by day shift staff. -The staff person that responded told her they were short staffed. Review of the facility's June and July 2022 staffing schedule revealed: -The schedule did not specify who had been assigned to work in each of the three separate facilities. -The schedule did not specify who had worked in each of the three separate facilities by to distinguisties on each day. -There was no way to distinguisties on each day. -There was no way to distinguisties on each day.	SPICEWO	OD COTTAGES WILLOW	IS				
next door at a sister facility administering medications. -The MA would return to the facility. -The MA was responsible for administering medications in two facilities. Observation outside the facility on 07/22/22 at 8:10am revealed the entrance doors to the sister facility were within approximately 20 yards of the facility exit. Interview with one resident on 07/21/22 at 9:14am revealed: -Staff did not always respond timely to answer call lights. -She needed assistance from staff to go to the bathroom, to transfer, and to shower. -"Sometimes" it took staff "awhile" to respond to her call light. -One night "about a month and a half ago" she had put her call light on at 3:30am to 4:00am and night shift staff did not respond to the call light. -The call light was responded to by day shift staff. -The staff person that responded told her they were short staffed. Review of the facility's June and July 2022 staffing schedule revealed: -The schedule was for staffing to cover three separate facilities located on the property. -The schedule did not specify who had been assigned to work in each of the three separate facilities. -The schedule did not specify who had worked in each of the three separate facilities no way to distinguish which specific	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
staff had provided coverage for the facility in June and July 2022.	D 187	next door at a sister famedications. -The MA would return -The MA was response medications in two factors in the factors in t	acility administering to the facility. sible for administering cilities. the facility on 07/22/22 at entrance doors to the sister proximately 20 yards of the sident on 07/21/22 at 9:14am respond timely to answer ace from staff to go to the and to shower. staff "awhile" to respond to nonth and a half ago" she on at 3:30am to 4:00am and to respond to the call light. sponded to by day shift staff. responded told her they as June and July 2022 caled: r staffing to cover three ated on the property. It specify who had been ach of the three separate at specify who had worked in arate facilities on each day. It distinguish which specific	D 187			

Division of Health Service Regulation

Interview with the RCC on 07/22/22 at 10:21am

STATE FORM B3WE11 If continuation sheet 5 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL044041	B. WING		C 07/22/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		65 LOVIN	G WAY			
SPICEWO	OD COTTAGES WILLOW	VS CLYDE, N				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	_
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLET	E
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE	
				,		\dashv
D 187	Continued From page	5	D 187			
	revealed:					
	-MAs and PCAs were	not assigned to work in				
	specific facilities on th	ne schedule.				
	-At 6:30am, when the	PCAs arrived to work they				
		A on duty and ask which				
	facility they needed to					
	_	n each PCA to cover a				
	facility.	7.00				
-At night (11:00pm to 7:00am), they always tried to have at least one MA and two PCAs to cover						
	three facilities.	MA and two PCAS to cover				
		led at least one staff person				
	in each facility.	ou at loadt one stan person				
	_	nen the staff would have to				
		go help in another building				
		acility would have to come				
	over to help in their fa	acility in emergency				
	situations.					
		s in the facility or the sister				
		r brief periods of time (10-15				
	minutes).					
	-There was not an Ad					
	of the facility.	ge who lived within 500 ft.				
	_	to work, he had to come in				
	to replace them.	,				
	-Staff typically were a	ssigned to work from				
	2:15pm to 3:00am or	3:00am to 3:00pm to ensure				
	coverage on all shifts					
		hedules had been in place				
	l '	ger due to being short				
	staffed.					
	Telephone interview v	vith the Regional RCC on				
	07/22/22 at 12:12pm					
	-They tried to schedule at least three or four staff					
	on nights.					
	-They were short staf	fed at times.				
		to 7:00am) they typically had				
		ch facility, but sometimes				

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 6 of 14

MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721 SUMMANY STATEMENT OF DEPOILS CITY OF DEPOILS READY OF CORRECTION, STATE CITY OF DEPOILS OF THE PROVIDER AT THE APROPRIATE DATE OF THE PROVIDER OF THE PROVI		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721 MAI D PROVIDERS PLAN OF CORRECTION PREPRY TAG				A. BUILDING: _			
SPICEWOOD COTTAGES WILLOWS CLYDE, NC 28721			HAL044041	B. WING			
CALLED CONTINUES WILLDOWS CLYDE, NC 28721	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLYDE, NC 28721 SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) DEFIER TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) D 187 Continued From page 6 they might only have two staff to provide coverage for three facilities. -The Administrator did not live within 500 ft. of the facility, -The RCC provided backup staffing coverageThe RCC provided backup staffing coverage and she lived 15 minutes away from the facility. -The previous RCC was still willing to cover the facility. -The previous RCC was still willing to cover the facility. -They tried to schedule at least four or five staff on evenings (3:00pm to 11:00pm). -Then numbers did not include detary staff or housekeeping staff. -They had done everything they could to hire more staff and retain staff. -They had did be severything they could to hire more staff and retain staff. -They had pit field to use staffing agencies to assist with coverage, but many times the agency staff would not show up to work. Interview with the Administrator on 07/22/22 at 12-45pm revealed: -It was primarily night shift when the facility might have to share staff with a sister facility. -There had been occasions when he had staff to leave in the middle of a shift without alerting anyone in advance.	SPICEWO	OD COTTAGES WILLOW	VS				
D 187 Continued From page 6 they might only have two staff to provide coverage for three facilitiesThe Administrator did not live within 500 ft. of the facilityThe RCC provided backup staffing coverageThe RCC lived 5 minutes away from the facilityThe previous RCC had recently retired, but still worked some hours occasionallyThe previous RCC was still willing to cover the facilityThe previous RCC was still willing to coverage and she lived 15 minutes away from the facilityThe previous RCC was still willing to coverage and she lived 15 minutes away from the facilityThe previous RCC was still willing to revenue and she lived into include dietary staff on evenings (3:00pm to 11:00pm)The numbers did not include dietary staff or housekeeping staffThe Administrator had raised pay and offered bonusesThey had fore to use staffing agencies to assist with coverage, but many times the agency staff would not show up to work. Interview with the Administrator on 07/22/22 at 12:45pm revealed: -It was primarily night shift when the facility might have to share staff with a sister facility; -There had been occasions when the one staff in the facility had to go to a sister facility to help, because the staff who was supposed to work in the other facility called out 5 minutes before the start of their shiftHe had occasions when he had staff to leave in the middle of a shift without alerting anyone in advance.			CLYDE, NC	28721			
they might only have two staff to provide coverage for three facilities. -The Administrator did not live within 500 ft. of the facility. -The RCC provided backup staffing coverage. -The RCC lived 5 minutes away from the facility. -The previous RCC had recently retired, but still worked some hours occasionally. -The previous RCC was still willing to cover the facility if needed and lived only 3 minutes from the facility. -She also could provide backup staffing coverage and she lived 15 minutes away from the facility. -They tried to schedule at least four or five staff on evenings (3:00pm to 11:00pm). -The numbers did not include dietary staff or housekeeping staff. -They had done everything they could to hire more staff and retain staff. -They had done everything they could to hire more staff and retain staff. -They had job fairs to try to attract new applicants. -They had fold fairs to try to attract new applicants. -They had tried to use staffing agencies to assist with coverage, but many times the agency staff would not show up to work. Interview with the Administrator on 07/22/22 at 12:45pm revealed: -It was primarily night shift when the facility might have to share staff with a sister facility. -There had been occasions when the one staff in the facility had to go to a sister facility to help, because the staff who was supposed to work in the other facility called out 5 minutes before the start of their shift. -He had occasions when he had staff to leave in the middle of a shift without alerting anyone in advance.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	(X5) COMPLETE DATE
coverage for three facilities. -The Administrator did not live within 500 ft. of the facility. -The RCC provided backup staffing coverage. -The RCC lived 5 minutes away from the facility. -The previous RCC had recently retired, but still worked some hours occasionally. -The previous RCC was still willing to cover the facility in eneded and lived only 3 minutes from the facility in eneded and lived only 3 minutes from the facility. -She also could provide backup staffing coverage and she lived 15 minutes away from the facility. -They tried to schedule at least four or five staff on evenings (3:00pm to 11:00pm). -The numbers did not include dietary staff or housekeeping staff. -They had done everything they could to hire more staff and retain staff. -They had do fairs to try to attract new applicants. -They had tried to use staffing agencies to assist with coverage, but many times the agency staff would not show up to work. Interview with the Administrator on 07/22/22 at 12:45pm revealed: -It was primarily night shift when the facility might have to share staff with a sister facility. -There had been occasions when the one staff in the facility had to go to a sister facility to help, because the staff who was supposed to work in the other facility called out 5 minutes before the start of their shift. -He had occasions when he had staff to leave in the middle of a shift without alerting anyone in advance.	D 187	D 187 Continued From page 6		D 187			
the middle of a shift without alerting anyone in advance.	D 187	they might only have coverage for three fac- The Administrator did facility. The RCC provided book the RCC lived 5 minus. The previous RCC howorked some hours of the previous RCC with the previous R	two staff to provide cilities. d not live within 500 ft. of the mackup staffing coverage. Inutes away from the facility. Inutes away from the facility. Indicasionally. It is a least four or five staff to 11:00pm). It include dietary staff or a least four or five staff. Indicased pay and offered It try to attract new applicants. It is staffing agencies to assist any times the agency staff work. In initiative on 07/22/22 at a shift when the facility might the a sister facility. It is staffing agencies to assist any times the agency staff work. In initiative on 07/22/22 at a shift when the facility might a sister facility to help, of was supposed to work in do out 5 minutes before the	D 187			
-He did not live within 500 ft. of the facilityThe RCC lived only 5 minutes away from the		the middle of a shift wadvanceHe did not live within	vithout alerting anyone in 500 ft. of the facility.				

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 7 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					С	
		HAL044041	B. WING		07/22/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ODIOEWO	OD COTTA OFO MULL ON	65 LOVING	WAY			
SPICEWO	OD COTTAGES WILLOW	CLYDE, NO	28721			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 187	-The previous RCC life facility and would responsive from the facility and wolds and retain the was doing everyth staff and retain existing bonuses and paying life hour. Interview with the Trade 2:05pm revealed: -She was also trained the facilityShe had worked on the past year when the past year when the There was usually on night shiftThey usually had two three buildings at night shiftThey usually had two three had been one there had been only the buildingsShe never left the refundatended when she life in the revealed: -She routinely worked -A couple of weeks as	vs available if needed. ved within 5 minutes of the pond if needed. taff lived 10 minutes away vould respond if needed. hing he could to hire new ng staff including offering PCAs \$15 to \$20 plus per support staff on 07/22/22 at and worked as a PCA in nee facility was short staffed. Inly one staff in the facility on the polymer of the	D 187	DEFICIENCY)		
	-She had to leave the residents in the facility unattended for 10 to 15 minutes to respond to assist the PCA with the fall at the sister facility.					
	left unattended when assist staff in a sister	ensure residents were not staff left the building to facility with resident care or the residents' in the facility hout personal care				

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 8 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 20.22			С
		HAL044041	B. WING		07	//22/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
SPICEWO	OD COTTAGES WILLOW	/S	NG WAY			
	OLIMANA DV. OT	<u> </u>	NC 28721	DDO//DEDIO DI ANI OF O	ODDECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 187	D 187 Continued From page 8 assistance for brief periods of time. This was detrimental the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/22/22 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 5, 2022.		D 187			
D 310	10A NCAC 13F .0904 Service	l(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Diets(4) All therapeutic die supplements and thic	Nutrition and Food Service is in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.				
	diet as ordered by the (PCP) for 1 of 2 resid					
	The findings are: Review of Resident # 06/07/22 revealed: -Diagnoses included.	4's current FL2 dated Alzheimer's disease and				

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 9 of 14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMILETED	
		HAL044041	B. WING		C 07/22/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPICEWO	OD COTTAGES WILLOW	65 LOVING	WAY			
01 102440	OD GOT TAGES WILLOW	CLYDE, NO	28721			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	≣
D 310	Review of the undate provided by the Dieta 07/21/22 revealed Reregular with ground m Observation of Reside 07/21/22 served at 12-Resident #4's meal of was uncut, mashed p mixture, dinner roll ar -Resident #4 had wat Observation of a Pers 07/21/22 beginning at -She used a fork to cubeef to feed Resident -The pieces of roast by	d resident's diet orders ry Manager (DM) on esident #4's diet order was neats. ent #4's lunch meal on 2:05pm revealed: consisted of roast beef that otatoes, a carrot and celery nd chocolate pie. eer and milk to drink. sonal Care Aide (PCA) on t 12:13pm revealed: ut up pieces of the roast t #4. peef were not ground.	D 310			
	2:05pm revealed: -She assisted Reside 07/21/22.	on 07/21/22 at 12:51pm and nt #4 with his lunch on peef was a solid piece of				
	sized piecesShe served Resident Aide (DA) brought to mealShe did not know wh supposed to be.	fork to cut it up into bite t #4 whatever the Dietary the dining room table for his nat Resident #4's diet was				
	Interview with a DA or revealed:	n 07/21/22 at 2:15pm				

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 10 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL044041	B. WING		C 07/22/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		65 LOVING	S WAY			
SPICEWO	OD COTTAGES WILLOW	VS CLYDE, NO	C 28721			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 310	Continued From page	e 10	D 310			
	-She thought she gave Resident #4 a chopped diet for lunch because the roast was in long stringy piecesShe realized after she gave the lunch plate for Resident #4 to the PCA that the food was the wrong diet consistencyShe should have taken Resident #4's lunch plate back to the kitchen to have it "chopped" up better. Interview with the Dietary Manager (DM) on 07/21/22 at 2:20pm revealed: -She changed the routine for the DA's today by putting all special diets on the upper shelves of the food cartShe thought this would make it easier for the DA'sShe was not aware Resident #4 was served a regular dietResident #4 should have been served a regular diet with ground meats as the PCP order indicated.					
	2:36pm revealed: -The DM should not handing out plated for	dents to receive therapeutic				
D 312	10A NCAC 13F .0904 Service	I(f)(2) Nutrition and Food	D 312			
	10A NCAC 13F .0904 Nutrition and Food Service (f) Individual Feeding Assistance in Adult Care Homes: (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's					

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 11 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		HAL044041	B. WING		07	C 7/ 22/2022
	ROVIDER OR SUPPLIER	/S 65 LOVI	NDDRESS, CITY, STATE NG WAY NC 28721	E, ZIP CODE		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 312	dignity and respect. This Rule is not met Based on observatior interviews, the facility sampled residents (R dignity and respect as while providing feedin #4. The findings are: Review of Resident # 06/07/22 revealed: -Diagnoses included Parkinson's diseaseThere was a mechar regular with ground management Review of a nurse's management Review of a nurse's management Resident is not able assisted." Observation of Resident #4's meal of mashed potatoes, and dinner roll and chocolaresident #4 had wate observation of a Perso7/21/22 from 12:13p was standing beside feeding assistance to Based on observation reviews it was determinterviewable.	as evidenced by: as, record review and failed to ensure 1 of 4 esident #4) was treated with s evidenced by staff standing ag assistance to Resident 4's current FL2 dated Alzheimer's disease and aically altered diet order for aneats. at dated 06/09/22 revealed to feed self needs to be ent #4's lunch meal on consisted of roast beef, consisted of roast beef, carrot and celery mixture, ate pie. er and milk to drink. sonal Care Aide (PCA) on m to 12:45pm revealed she Resident #4 while providing	D 312			

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 12 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		HAL044041	B. WING		1	2/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SPICEWO	OD COTTAGES WILLOW	/S 65 LOVING				
		CLYDE, N	C 28721			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
D 312	Continued From page 12		D 312			
	-Resident #4 was una himselfResident #4 was una himselfShe did not want the table with Resident #4 was standing while prassistanceThere was not enougher and sit at the tall-She was unaware shipstand up while she prassistance.	his lunch on 07/21/22. able to cut up his meat by able to use utensils to feed other residents at the same 4 to feel crowded so she roviding him feeding gh room to pull up another ble with Resident #4. he was not supposed to ovided Resident #4 feeding				
	07/21/22 at 2:20pm re- She was not aware to was not supposed to feeding assistance to -She did not recall an that addressed standi assistance to resident -She was not aware to	until 2 weeks ago that staff stand while providing a resident. y dietary training she had ing while providing feeding ts. he PCA was standing while istance to Resident #4 at				
	12:45pm revealed: -The facility's policy wassistance to resident	staff provided eating				
D912	G.S. 131D-21(2) Dec	laration of Residents' Rights	D912			

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 13 of 14

PRINTED: 08/05/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED					
		HAL044041	B. WING		C 07/22/2022					
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE						
SPICEWOOD COTTAGES WILLOWS 65 LOVING WAY										
		CLYDE, NO	28721							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
D912	Continued From page 13		D912							
	Every resident shall h 2. To receive care an adequate, appropriate	ration of Residents' Rights have the following rights: ad services which are a, and in compliance with state laws and rules and								
	reviews, the facility fa received care and ser and in compliance wit	as evidenced by: ns, interviews and record illed to ensure residents rvices which were adequate, th relevant federal and state gulations related to staffing.								
	The findings are:									
	reviews, the facility fa least one staff member facility on night shift to supervision to the res	ns, interviews, and record illed to ensure there was at er on duty at all times in the provide personal care and idents. [Refer to Tag 0187, I(d) Personal Care and B Violation)].								

Division of Health Service Regulation

STATE FORM B3WE11 If continuation sheet 14 of 14