Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL022005	B. WING		10/11/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HAYESVIL	LE HOUSE	480 OLD 64	WEST E, NC 28904			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	Ξ
D 000	Initial Comments		D 000			
	County Department o	sure Section and the Clay f Social Services conducted I complaint investigation on				
D 465	10A NCAC 13F .1308	8(a) Special Care Unit Staff	D 465			
	10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident. This Rule is not met as evidenced by:					
	facility failed to ensur- were met on all three 36 for 6 sampled shift 09/24/23, a census of from 09/30/23 through	and record reviews, the e required staffing hours shifts based on a census of its from 09/23/23 through f 35 for 6 sampled shifts in 10/01/23, and a census of its from 10/07/23 through				
	The findings are:					
	Division of Health Sei 01/01/2023 revealed	s current license by the rvice Regulation effective the facility was a licensed CU) with a capacity of 60				
	Review of the facility 09/23/23 through 09/2	census record from 24/23 revealed there was a				

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

(X6) DATE TITLE

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	T OF DEFICIENCIES OF CORRECTION				OATE SURVEY OMPLETED	
			A. BOILDING.			
		HAL022005	B. WING		10	/11/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
HAVEOVIII	LEUQUE	480 OLD	0 64 WEST			
HAYESVIL	LE HOUSE	HAYESV	/ILLE, NC 28904			
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 1	D 465			
	census of 36 residen	ts which required 36 staff cond shifts and 28 staff				
	10/08/23 revealed the residents which requi	census record from 01/23, and 10/07/23 though ere was a census of 35 ired 35 staff hours on first d 27.5 staff hours on third				
	through 09/24/23 revi-On 09/23/23, the ceristaff hours on first ship hours were provided hours. -On 09/23/23, the ceristaff hours on third ship hours were provided hours. -On 09/24/23, the ceristaff hours on first ship hours were provided hours. -On 09/24/23, the ceristaff hours on second hours were provided hours.	ne records from 09/23/23 ealed: nsus was 36 requiring 36 ift and a total of 24 staff leaving a shortage of 8 nsus was 36 requiring 28 nift and a total of 20.5 staff leaving a shortage of 7.5 nsus was 36 requiring 36 ift and a total of 24 staff leaving a shortage of 8 nsus was 36 requiring 36 ift and a total of 23 staff leaving a shortage of 13 nsus was 35 requiring 35				
	staff hours on first sh hours were provided hoursOn 09/30/23, the cer staff hours on second hours were provided hoursOn 09/30/23, the cer staff hours on third sh	ift and a total of 24 staff leaving a shortage of 11 ansus was 35 requiring 35 a shift and a total of 24 staff leaving a shortage of 11 ansus was 35 requiring 27.50 anift and a total of 24 staff leaving a shortage of 3.5				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	A. BOILBING.		
		HAL022005	B. WING		10/	11/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HAYESVIL	LE HOUSE	480 OLD				
			LLE, NC 28904			_
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 2	D 465			
	hoursOn 10/01/23, the cerstaff hours on second staff hours were prove 6.5 hoursOn 10/01/23, the cerstaff hours on third shours were provided hoursOn 10/07/23, the cerstaff hours on first shihours were provided hoursOn 10/07/23, the cerstaff hours on second hours were provided hoursOn 10/08/23, the cerstaff hours on first shihours were provided hoursOn 10/08/23, the cerstaff hours on first shihours were provided hoursOn 10/08/23, the cerstaff hours on second staff hours on second staff hours were provent to 10/10/23. They were at the factor in the staffing was alw SundayShe did not know hopresent on Saturday staff hours were provent on Saturday.	nsus was 35 requiring 35 deshift and a total of 28.5 ided leaving a shortage of shift and a total of 24 staff leaving a shortage of 3.5 nsus was 35 requiring 35 iff and a total of 25.75 staff leaving a shortage of 9.25 nsus was 35 requiring 35 deshift and a total of 33 staff leaving a shortage of 2 nsus was 35 requiring 35 deshift and a total of 24 staff leaving a shortage of 11 nsus was 35 requiring 35 deshift and a total of 24 staff leaving a shortage of 11 nsus was 35 requiring 35 deshift and a total of 27.5 ided leaving a shortage of with a resident's family at 3:10pm revealed: idlity every weekend. If any short on Saturday and we the few staff that were and Sunday managed to				
		care for residents that was				
	at 11:30am revealed: -She worked on weel					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
			A. BUILDING.			
		HAL022005	B. WING		10	0/11/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HAVEGVIII	I E HOUSE	480 OLD	64 WEST			
HATESVII	LE HOUSE	HAYESV	ILLE, NC 28904			
(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 AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 3	D 465			
D 400	weekendsThe personal care at need her assistance with a provide it in would get upsetShe always helped, immediately stop and residents out of bed, or get vital signs whe preparing medication. Interview with a PCA revealed: -She worked on week-Staffing was often sh manage to provide all though it was sometingThe facility was usual weekendsIt was much more dicare done on the weekend, but son the MA was in the mid medications for a resident in the mid medications for a resident in the specific on 10/11/23 at she did not prepare facilityShe was made awar Mondays if the facility	ides (PCAs) would often with residents, but she was a mediately and the PCAs but she could not help the PCA to assist provide incontinence care, in she was in the middle of for administration. on 10/11/23 at 11:40am seends. For the they were able to he he he had a the help they were able to he he he had a the help they were able to he he he had a the help they were able to he he he had a the help they were able to he he he had a they were able to he he he had a they were able to he he help they were able to he he he he had a they were able to he he he he had a they were able to he he he he he had a they were able to he he he he had a they were able to he he he had a they were able to he he had a they were able to he he he had a they were able to he he had a they were able to he had a they wer	D 403			
	Mondays if the facility the weekendShe was not sure wh					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74121 2741	or contraction	IDENTIFICATION NO.	A. BUILDING: _		JOINII EETEB	
		HAL022005	B. WING		10/11/2023	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
HAYESVILLE HOUSE 480 OLD 64 WEST						
			E, NC 28904		1	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 465	Continued From page	e 4	D 465			
	8 residents on 1st and residents on 3rd shift, was correct.	e regulations were 1 staff to d 2nd shift and 1 staff to 10 , but she was not sure if that ministrator on 10/11/23 at				
	2:52pm revealed: -For the past several weeks, she and the Activity Director have been completing the staffing scheduleWeekends had been problematic for about a month due to staff leaving who worked the weekends regularlyShe completed the schedule according to the census to provide 1 staff per 8 residents on first and second shifts and 1 staff per 10 residents on third shiftShe thought she was scheduling enough staff hours on the weekendsSince the facility has been short staffed, she has temporarily stopped admitting new residents.					

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