STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL044041	A. BUILDING: _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPICEWOOD COTTAGES WILLOWS	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 completed an annual survey on 12-19-23 through 12-20-23.	D 000		
D 196	10A NCAC 13F .0604 (d-2) Personal Care And Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staffing (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. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure there was at least one staff member on duty at all times on third shifts to provide personal care and supervision. The findings are: Interview with a resident on 12/19/23 at 9:28am revealed: -There was medication aide (MA) who worked at night from 10:30pm until day shift arrived. -Sometimes that MA had to "float" between four buildings and when that happened, there was no one in the building. -The night before last, (12/17/23), the MA had to float and there was no one in the building at different times throughout the night. -The resident was concerned that there would be an emergency and no staff would be in the building. Interview with a second resident on 12/19/23 at 9:35am revealed: -Sometimes the MA had to "float" between four	D 196		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL044041	A. BUILDING: _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPICEWOOD COTTAGES WILLOWS	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 196	Continued From page 1	D 196		

buildings and when that happened, there was no one in the building on third shift.
-The night before last, (12/17/23), the MA had to float and there was no one in the building at different times throughout the night.
-The resident was concerned that there would be an emergency and no staff would be in the building.

Interview with the Corporate Resident Care Coordinator (RCC) on 12/20/23 at 10:36am revealed:
-There were 18 residents who resided at the facility.
-Third shift staff worked from 10:30pm until 6:30am.
-Whenever there was a complaint that there was no one in the building on third shift she investigated and found on the camera that there was always a person in the building.

Review of the facility's December 2023 staffing schedule revealed:
-The schedule was for staffing to cover four separate facilities located on the property.
-The schedule did not specify who had been assigned to work in each of the four separate facilities.
-There was no way to distinguish which specific staff had provided coverage for the facility on the December 2023 staffing schedule.
-There were 4 staff scheduled to work on third shift on 12/12/23.
-There were 3 staff scheduled to work on third shift on 12/16/23.
-There were 3 staff scheduled to work on third shift on 12/17/23.

Review of the December 2023 staff time clock punches revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL044041	A. BUILDING: _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPICEWOOD COTTAGES WILLOWS	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 196	Continued From page 2 -There was documentation 2 staff worked on third shift on 12/12/23. -There was documentation 3 staff worked on third shift on 12/16/23. -There was documentation 3 staff worked on third shift on 12/17/23. Interview with a MA on 12/20/23 at 12:48pm revealed: -At different times she worked all the different shifts at the facility. -There should be at least one staff in the building at all times -There were times only two or three staff were available on third shift and they had to float between all four buildings. -If staff had to float on third shift, one of the buildings would be without a constant staff person unless another staff volunteered to work over. -She remembered it happening at least one or two times in the past month. -The Corporate RCC made the schedule so she should be aware the buildings were unstaffed but sometimes I told her. -The Corporate RCC tried to find help but staff were unwilling to work extra shifts. Interview with the Corporate RCC on 12/20/23 at 1:57pm revealed: -She was not notified the facility was short staff on 12/12/23, 12/16/23 or 12/17/23. -She must have failed to fill in the days that were short staffed on 12/16/23 and 12/17/23.	D 196		