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
	hal045127	A. BUILDING: _____ B. WING _____	R-C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS OF MILLS RIVER	4143 HAYWOOD ROAD MILLS RIVER, NC 28759

(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 and follow-up survey and complaint investigation on 02/11/25-02/13/25.	D 000	The responses in the cited statement of defliciencies do not consistute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws.	
D 432	10A NCAC 13F .1106 (f) Settlement Of Cost Of Care 10A NCAC 13F .1106 Settlement Of Cost Of Care (f) If a resident dies, the administrator of his or her estate or the Clerk of Superior Court, when no administrator for his or her estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent in the facility during the month. This is to be done within 30 days after the resident's death. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the Estate Administrator for 1 of 1 sampled resident (Resident #4) was given a room and board refund within 30 days after the resident's death. The findings are: Review of the facility Resident Agreement Settlement of Cost of Care revision 04/01/24 revealed: -Accommodations and Services for a partial month are refunded at the full month's rate, prorated over the number of days in that month. -The date of move-out will be the date the Resident's Room is emptied of all belongings and	D 432	10A NCAC 13F .1106 Business office coordinator and/or Executive Director will ensure resident refunds are processed and submitted to our home office for payment within the allotted time frame. Business Office Coordinator and/ or Executive Director will follow up with home office designee no less than once weekly to provide status of resident refunds to ensure compliance.	3/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

David Fardulis Executive Director 2-21-2025

David Fardulis

Reviewed and Acknowledged
Date 02/24/25
CS

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D 432	Continued From page 1	D 432		

all keys and alarm pendant/bracelets are returned.
-The Community shall deduct from any refund any amounts due to the Community for Accommodations and Services provided to the Resident that remain unpaid prior to discharge.
-The Community shall account for any such charges in a final statement of account provided to the Resident/Financial Representative.
-Upon the death of a resident, as required by governing law, any refund must be made to the administrator of the Resident's estate.
-Such refund will be processed within 30 days of the date of death.

Review of Resident #4's Resident Register revealed an admission date of 09/29/22.

Review of Resident #4's progress note dated 10/03/24 at 6:01pm revealed the resident was sent to a local hospital for emergency evaluation.

Telephone interview with Resident #4's Estate Administrator on 02/11/25 at 11:25am revealed:
-On 09/28/24, he paid the facility for a full month of accommodation and services for Resident #4 for the month of October 2024.
-Resident #4 was sent to the hospital on 10/03/24 for emergency evaluation and was subsequently admitted to the hospital.
-Resident #4 was transferred from the hospital to inpatient hospice care on 10/12/24.
-Resident #4 passed away on 10/14/24.
-He removed the last of Resident #4's belongings from the facility on 10/14/24.
-On 01/02/25, he sent a letter to the facility's corporate office to inquire about a refund as he had not received one.
-He received a refund of the amount owed from the corporate office "a couple week's ago."

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D 432	Continued From page 2 -He did not receive the refund within the timeframe outlined in the facility's policy. Interview with the facility's Business Office Manager on 02/12/25 at 2:55pm revealed: -Resident #4's room was cleared of all belongings by 10/14/24. -The last day billed for the room would have been 10/13/24. -She completed a request for refund on 10/14/24 and sent it to their corporate office. -The corporate office was responsible for sending the refund directly to the Estate Administrator. Interview with the Administrator on 02/13/25 at 8:45am revealed: -Resident #4's move-out date was 10/14/24. -The corporate office was responsible for initiating a refund within 14 days of receiving the request for refund. -The corporate office was responsible sending the refund directly to the Estate Administrator.	D 432		
D 466	10A NCAC 13F .1308(b) Special Care Unit Staffing 10A NCAC 13F .1308 Special Care Unit Staffing (b) There shall be a care coordinator on duty in the unit at least eight hours a day, five days a week. The care coordinator may be counted in the staffing required in Paragraph (a) of this Rule for units of 15 or fewer residents. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure there was a care coordinator on the Special Care Unit (SCU)	D 466	10A NCAC 13F .1308 (b) Special Care Coordinator has been hired and will start employment on March 10. Once employed, coordinator will receive training on all company policies and procedures, state regulations and job responsibilities in relation to the Special Care Coordinator position.	3/30/2025

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D 466	Continued From page 3 for 8 hours per day 5 days per week. The findings are: Review of the facility resident census report dated 02/11/25 revealed there were 20 residents residing on the SCU. Observation of the Special Care Unit (SCU) on 02/12/25 at 9:00am revealed. -There were 2 personal care aides (PCAs) and 1 medication aide (MA). -There was not a Special Care Coordinator (SCC). Interview with a MA on 02/12/25 at 3:00pm revealed: -She worked full time in the SCU. -She assisted in completing the SCC tasks such as order processing, quarterly care plan updates, documentation of activities of daily living (ADLs), and followed up on issues in addition to medication administration. -It was very challenging to complete the SCC tasks and administer medications to the residents in the SCU. Interview with the Business Office Manager (BOM) on 2/12/25 at 2:51pm revealed: -There was not a SCC in the Special Care Unit (SCU). -The SCC was responsible for care plans, FL2s, and yearly paperwork for the residents. -She assisted with order processing in the absence of a SCC and was unsure who completed the other tasks. Interview with the Clinical Nurse Consultant on 02/12/25 at 3:20pm revealed: -She did not know who was completing the SCC	D 466		

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D 466	Continued From page 4 tasks in the absence of a SCC. -She knew two MAs were helping complete care plans, order processing, and FL2s. Interview with the Administrator on 02/12/25 at 2:45pm revealed: -There was not a SCC currently and no one was designated as acting SCC. -He hired a SCC in September 2024 and that person left their employment after two months. -He hired another SCC the middle of November 2024 and that person left their employment in January 2025. -He was currently interviewing for the position. -The hiring process was difficult as potential employees would be a "no call no show". -The BOM and Activity Director (AD) assisted with the SCC tasks.	D 466		