STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL-044-04	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPICEWOOD COTTAGES - MEADOWS	251SHELTON STREET WAYNESVILLE, NC 28786

(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 on 08/19/25.	D 000		
D 400	10A NCAC 13F .1009 (a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record.	D 400		

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D 400	Continued From page 1	D 400		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of quarterly pharmaceutical care for 3 of 3 sampled residents (#1, #2, #3).

The findings are:

1. Review of Resident #1's current FL2 dated 11/05/24 revealed diagnoses included dementia, diabetes, hypertension, elevated cholesterol, and Vitamin D deficiency,

Review of Resident #1's Resident Register revealed an admission date of 12/03/24.

Review of Resident #1's record revealed there was no documentation of quarterly pharmacy reviews completed since Resident #1's admission to the facility.

Refer to the interview with the Resident Care Coordinator (RCC) on 08/19/25 at 2:20pm.

Refer to the telephone interview with the Administrator on 08/19/25 at 3:30pm.

2. Review of Resident #2's current FL2 dated 09/16/24 revealed diagnoses included anxiety, depression, hypertension, atrial fibrillation, gastroesophageal reflux disease, chronic renal failure stage 3, congestive heart failure, hyperglycemia, and pernicious anemia.

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D 400	Continued From page 2 Review of Resident #2's Resident Register revealed an admission date of 09/18/24. Review of Resident #2's record revealed there was no documentation of quarterly pharmacy reviews completed since Resident #2's admission to the facility. Refer to the interview with the Resident Care Coordinator (RCC) on 08/19/25 at 2:20pm. Refer to the telephone interview with the Administrator on 08/19/25 at 3:30pm. 3. Review of Resident #3's current FL2 dated 09/06/24 revealed diagnoses included cerebrovascular disease, dysarthria (a speech disorder including difficulty in articulating words), chronic obstructive pulmonary disease, hypertension, and intracerebral hemorrhage. Review of Resident #3's Resident Register revealed an admission date of 09/06/24. Review of Resident #3's record revealed there was no documentation of quarterly pharmacy reviews completed since Resident #3's admission to the facility. Refer to the interview with the Resident Care Coordinator (RCC) on 08/19/25 at 2:20pm. Refer to the telephone interview with the Administrator on 08/19/25 at 3:30pm. _____ Interview with the RCC on 08/19/25 at 2:20pm revealed: -Quarterly pharmacy reviews were not completed for any of the residents residing at the facility	D 400		

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D 400	Continued From page 3 since the facility opened in 2023. -She and the RCC assistant were responsible for making sure the resident records were up to date, including the quarterly pharmacy reviews. -She did not "notice" there were not any pharmacy reviews completed for the residents. -The pharmacist from the facility's contracted pharmacy that completed the pharmacy reviews for sister facilities retired and she did not know why he did not complete pharmacy reviews for the facility. Telephone interview with the Administrator on 08/19/25 at 3:30pm revealed: -He was not aware quarterly pharmacy reviews were not completed for any of the residents since the facility opened in 2023. -A pharmacist from the facility's contracted pharmacy was responsible for completing quarterly pharmacy reviews and missed doing the reviews when they were completed for sister facilities. -The pharmacist who completed the quarterly pharmacy reviews for the sister facilities had retired recently. -The RCC and RCC assistant were responsible for quarterly chart audits and the pharmacy reviews may have been missed because the chart audit checklist did not include making sure the quarterly pharmacy reviews were completed.	D 400		