

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL022005</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/20/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYESVILLE HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>480 OLD 64 WEST</b><br><b>HAYESVILLE, NC 28904</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| D 000                                                       | Initial Comments<br><br>The Adult Care Licensure Section and the Clay County Department of Social Services conducted an annual and follow-up survey on 11/19/25-11/20/25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D 000                                                                                          |                                                                                                                          |                                                                    |
| D 296                                                       | 10A NCAC 13F .0904(c)(7) Nutrition And Food Service<br><br>10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes:<br>(7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to have a matching therapeutic diet menu for the guidance of food service staff for 3 of 4 sampled residents (#1, #3 and #4) who had physician ordered diets related to a regular, mechanical soft chopped meat, chopped bread and no tomatoes diet (#1) a regular, pureed diet (#3) and a regular, pureed diet with nectar thickened liquids (#4).<br><br>The findings are:<br><br>1. Review of Resident #1's current FL2 dated 03/18/25 revealed:<br>-Diagnoses included Alzheimer's disease dementia type, hypertension, hyperlipidemia (high levels of fat in the blood, specifically cholesterol), | D 296                                                                                          |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYESVILLE HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>480 OLD 64 WEST</b><br><b>HAYESVILLE, NC 28904</b>                           |                          |                                                                    |
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| D 296                                                       | <p>Continued From page 1</p> <p>coronary artery disease, diabetes type 2, hyponatremia (low sodium level in the blood), and lactic acidosis [a buildup of lactic acid in the blood (produced when carbohydrates are broken down for energy).<br/>-There was an order for a regular, mechanical soft chopped meat, chopped bread and no tomatoes diet.</p> <p>Review of Resident #1's Resident Register revealed he was admitted to the facility on 12/08/14.</p> <p>Observation of the kitchen on 11/19/25 at 9:36am revealed there was a regular menu posted but no therapeutic diet menu available for a regular, mechanical soft chopped meat, chopped bread and no tomatoes diet.</p> <p>Refer to interviews with the Dietary Manager (DM) on 11/19/25 at 9:36am and 2:52pm.</p> <p>Refer to interview with the Administrator on 11/19/25 at 2:45pm.</p> <p>2. Review of Resident #3's current FL2 dated 08/05/25 revealed:<br/>-Diagnoses included dementia, depression, vitamin D deficiency, B12 deficiency, hyperlipidemia (high levels of fat in the blood, specifically cholesterol), and hypothyroidism.<br/>-There was an order for regular, pureed diet.</p> <p>Review of Resident #3's Resident Register revealed he was admitted to the facility on 08/02/24.</p> <p>Observation of the kitchen on 11/19/25 at 9:36am revealed there was a regular menu posted but no therapeutic diet menu available for a regular,</p> | D 296                                                                         |                                                                                                                          |                          |                                                                    |

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| D 296                                                       | <p>Continued From page 2</p> <p>pureed diet.</p> <p>Refer to interview with the Dietary Manager (DM) on 11/19/25 at 9:36am and 2:52pm.</p> <p>Refer to interview with the Administrator on 11/19/25 at 2:45pm.</p> <p>3. Review of Resident #4's current FL2 dated 04/01/25 revealed:<br/>-Diagnoses include vascular dementia, hypothyroidism, major depressive disorder, hyperlipidemia, anemia, and chronic kidney disease stage 3 (the kidney's ability to filter blood is moderately reduced).<br/>-There was an order for regular, pureed and nectar thickened liquid diet.</p> <p>Review of Resident #3's Resident Register revealed he was admitted to the facility on 01/01/19.</p> <p>Observation of the kitchen on 11/19/25 at 9:36am revealed there was regular menu posted but no therapeutic diet menu available for a regular, pureed and nectar thickened liquid diet.</p> <p>Refer to interview with the Dietary Manager (DM) on 11/19/25 at 9:36am and 2:52pm.</p> <p>Refer to interview with the Administrator on 11/19/25 at 2:45pm.</p> <p>Interview with the Dietary Manager (DM) on 11/19/25 at 9:36am and 2:52pm revealed:<br/>-He did not have a therapeutic diet menu available for the physician ordered regular, mechanical soft chopped meat, chopped bread and no tomatoes diet, a regular, pureed diet or a regular, pureed and nectar thickened liquid diet.</p> | D 296                                                                                          |                                                                                                                          |                                                                    |

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| D 296                                                       | <p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-He trained his staff on how to prepare therapeutic diets.</li> <li>-He trained his staff by verbal instruction and observation during meal preparation time.</li> <li>-He and food service staff prepared the food on the regular menu for residents then prepared the food of the ordered therapeutic diets to the required consistency.</li> <li>-He would refer to a food preparation manual located in the kitchen for guidance on preparing therapeutic diets.</li> <li>-He was not aware that therapeutic diet menus for each variation of diet needed to be available for guidance for food service staff.</li> </ul> <p>Interview with the Administrator on 11/19/25 at 2:45pm revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for looking up menus from the dietary management contractor to ensure nutrition for residents.</li> <li>-She was responsible for providing updated menus to the DM.</li> <li>-The DM was responsible for posting new menus in the kitchen.</li> <li>-The DM and food service staff should refer to a food preparation manual located in the kitchen.</li> <li>-She was not aware that therapeutic diet menus were to be available for guidance for food service staff.</li> </ul> | D 296                                                                                          |                                                                                                                          |                                                                    |