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	nursing home, means a facilit nursing home and which provaged or disabled persons which the shelter or personal crequires. Medical care in an adult care or incidental, such as may be individual or family, but the acsupervised. Continuing planned medical a resident's needs may be provision of a physician, nu Adult care homes are to be di homes subject to licensure until the factorial of the adult care home portion of unit was not distinguished from of the unit. Findings included: The memory care unit was init 10:00 AM. Nurse #1 said resident care and nursing home	2018. No deficiencies investigation. ed for the following of therwise specified: s distinguished from a sty operated as a part of a vides residential care for ose principal need is a home are their age or disability occasional required in the home of any fministration of medication is and nursing care to meet the ided under the direct arse, or home health agency, stinguished from nursing oder this Part. s evidenced by: review and staff interview, if the Willow Way Memory in the nursing home portion its at the content of t	LOOO	Well-Spring has designated and distinguladuit care home beds from the nursing his of meet the regulation 131E-100 Definition following manner: 1) Rooms 301- 310 are now designed Adult Care Home beds. 2) Rooms 311- 320 are now designed Skilled Nursing beds. 3) Charts for Adult Care are Green and Skilled Nursing charts are incolor. 4) Physician orders, which are particularly medical record, identify and his or her room as Care or Skilled Nursing level of Designations have been made and are information of March 28, 2018.	ome beds ns in the nated as nin color, Red in t of each fy the Adult care.	3/28/1
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DHSR-Form 4504 matched up with the red charts on the unit. A review of the Memory Care layout revealed the adult care home rooms were not grouped		The rooms decianated as St	NF on the				
on the unit. A review of the Memory Care layout revealed the adult care home rooms were not grouped		~					
adult care home rooms were not grouped			The same transfer				
adult care home rooms were not grouped		A					

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Division :	of Health Service Regulation	<u> </u>			I ONW A	ILLUOVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLI ER:CUA IDENTIFICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDINGX		(X3) DATE SURVEY COMPLETED	
		NUMBER: NH0546	B. WING		02/22/2018	
NAME OF PROVIDER OR SUPPLIER WELL SPRING		STREET ADDRESS , CITY, STATE ZIP CODE 3560 WILDFLOWER DRIVE GREENSBORO, NC 27410		VE.	VZIZZI	2010
(X4) 1D PREFIX TAG	SUMMARY STATEMENT (DEFICIENCY MUST BE PRECEI REGULATORY OR LSC IDENTII	DEO BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(XS) COMPLETE DATE
L 000	Continued From page 2 The DHS was interviewed on 2 about why the adult care home distinguished from the nursing memory care unit. She said all at the skilled level. She said the for the residents and when the care changed, it did not require Interview with the Executive Did 2/22/2018 at 2:46PM, revealed designated on the daily census and in the physician orders. § 131E-114. Special care units information required. (a) A nursing home or conflicensed under this Part that prefor persons with Alzheimer's didementias in a special care unit following disclosures pertaining care provided that distinguished unit as being especially designed Alzheimer's disease or other dedisclosure shall be made annual of the following: (1) The Department, as parocedures. (2) Each person seeking perceived care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special care unit, or the person representative, prior to entering with the person to provide special prior to entering with the person to provide special prior to entering the prior to entering the prior to entering the pr	e was not home on the I care was provided e fee didn't change residents' level of e a room change. irector on I the rooms were s, by chart color ; disclosure of hibination home ovides special care sease or other it shall make the g to the special s the special care ed for residents with ementias. The fally, in writing, to all irt of its licensing lacement within a 's authorized g into an agreement ital care. ee disclosed in imited to, all of the erall philosophy and and how it reflects the	£ 000	NCGS §131E114 Special Care unit disclosure of information required Well*Spring has not included in its past license renewal applications annual disclosures pertaining to the Willow Wa Memory Unit because admission to the unit is not open to the public but only to already admitted residents within the closed CCRC community. Well*Spring does not solicit outside admission to the unit and does not advertise the unit to t general public. To address the survey finding, Well*Sp will: 1) Remove mention of the Willow Way Memory Unit from its website until the requested disclosures are on file at the Licensure Section; 2) Send a letter to the Licensure Sectic amend its 2018 license application to pit the requested disclosures; 3) Include the requested disclosures and Alzheimer's Special Care Unit Data Supplement Sheet with its 2019 Licenser Renewal Application; 4) Continue to provide to its residents information about the Willow Way Memory Unit and will include in the information to disclosures identified in §NCGS 131E-1 Well*Spring has completed the annual Renewal Application in the same mannual Renewal Appli	e he ring on to rovide and e ory he 14.	3/21/18

Division	of Health Service Regulation	1			1 OKWI AIT KOVED
	FOF DEFICIENCIES AND PLAN OF	(X1)	(X2) MULTIPLE CO	INSTRUCTION	(X3) DATE SURVEY
CORRECTION PROVIDER/SUPPL		A. BUILDING:X		COMPLETED	
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		NOWOEK! 8 19546	B.WING	-	02/22/2018
NAME OF B	OURSES OF AUGUST				
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STATE,	ZIP CODE	
WELL SPF	RING	3560 WII	DFLOWER DRIVE		
		GREENS	BORO, NC 27410		
(X4)1D	SUMMARY STATEMENT OF	DEFICIENCIES (EACH	ID	PROVIDER'S PLAN OF CORRECTION (EA	CH (X5)
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L 000	Continued From page 3		1000		
	(2) The process and criteria	for placement,			
	transfer, or discharge to or from				
	unit.	•			
	(3) The process used for as	sessment and			
	establishment of the plan of care				
	implementation, as required unde				
	federal law.				
	(4) Typical staffing patterns	and how the	1		
	patterns reflect the resident's nea				
	care and supervision.				
	(5) Dementia-specific staff to	raining.			
	(6) Physical environment fea				
	specifically for the special care u				
	(7) Alzheimer's disease and				
	dementia-specific programming.	***************************************			
	(8) Opportunities for family i	nvolvement			
	(9) Additional costs or fees to				
	special care.	·,		6	
	(c) As part of its license rene	awal nrocedures	:		
	and inspections, the Department	•			
	accuracy the written disclosures				
	licensed facility subject to this se				
	(d) Nothing in this section sha				
1	prohibiting a nursing home or cor				
	that does not offer a special care				
	admitting a person with Alzheime				
	other dementias. The disclosures				
	section apply only to a nursing ho	•			
	combination home that advertises				
	otherwise promotes itself as prov				
	care unit for persons with Alzhein				
	other dementias.				
	(e) As used in this section, the	ne term "special			
	care unit" means a wing or hallwa				
	nursing home, or a program provi				
	home, that is designated especial				
	with Alzheimer's disease or other				
	other special needs disease or co				
	determined by the Medical Care (
	which may include mental	•			
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING: ____X.... NH0546 B WING 02122/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3560 WILDFLOWER DRIVE WELL SPRING GREENSBORO,NC 27410 SUMMARY STATEMENT OF DEFICIENCIES (EACH (X4) 1D PROVIDER'S PLAN OF CORRECTION (EACH (XS) PREFIX DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFY ING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE E DATE TAG DEFICIENCY) L 000 Continued From page 4 L 000 disabilities. (2000-154, s. 6.) This requirement is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to make annual disclosures pertaining to the special care unit for residents with Alzheimer's and other dementias to the State. Findings included: The 2018 Renewal Application to Operate a Nursing Home indicated the facility had 60 general nursing facility (NF) beds and 72 general adult care home (ACH) beds. The Alzheimer's Special Care unit beds for both the NF and ACH was marked 0. There was no special care unit disclosure. The facility's website, http://www.well-spring.org/ was reviewed. Under Healthcare Services, it listed Willow Way Memory Support . It says, "Willow Way Memory Support is a specialized memory care area that caters to residents that are suffering from Alzheimer's disease, dementia and other causes of memory impairment in Greensboro, NC." The memory care unit was initially observed on 2/21/18 at 10:00 AM. Entry through the unit was through closed doors. The doors were locked from the inside and required a code to unlock the doors. The records for three sampled residents were reviewed in the unit and each resident (# 11, #12 and #13) had a form of dementia. Interview with the Director of Health Services (OHS) on 2/22/2018 at 1:20 PM revealed she did not think this requirement applied to the facility because they were not marketing to the public. She said all residents were given the Well-Spring

Division of	of Health Service Regulation					
STATEMENT OF DEFICIENCIES AND		(X1)	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
PLAN OF CORRECTION		PROVIDER/SUPPLI ER/CUA	E. BUILDING:		COMPLETED	
		IDENTIFICATION				
		NUMBER: NH0546	F. WING		00/00/0040	
			<u> </u>		02/22/2018	
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	FE. ZIP CODE		
WELL SPF	PING	3560 WILE	FLOWER DRI	VE		
WELL OF	NING	GREENS	30RO, NC 274	10		
(X4) 1D	SUMMARY STATEMENT	OF DEFICIENCIES (EACH	iD.	PROVIDER'S PLAN OF CORRECTION (EA	CH (XS)	
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L	Continued From page 5		L 000			
000	Level of Criteria. This booklet	donorihad all of				
	Well-Spring's level of care, in					
	Memory Support.	cidding vvalow vvay				
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