

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/24/2016
NAME OF PROVIDER OR SUPPLIER ELKIN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 500 JOHNSON RIDGE ROAD ELKIN, NC 28621		
(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 and the Surry County Department of Social Services conducted an annual survey and a follow-up survey on August 23, 2016 and August 24, 2016.	D 000		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure a minimum of 14 hours of planned group activities were provided each week, that promoted socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills for the residents currently living in the facility. The findings are: Observation of the August 2016 activity calendar	D 317		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/24/2016
NAME OF PROVIDER OR SUPPLIER ELKIN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 500 JOHNSON RIDGE ROAD ELKIN, NC 28621		
(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 317	Continued From page 1 on 8/23/16 at 10:40am revealed: -It had been posted on the bulletin board in the Activity Room. -The calendar was printed on an 8.5 inch by 11 inch sheet of white paper. -Scheduled for 8/23/16 were: In Room Visits from 10:00am to 11:00am, Bingo from 1:00pm to 2:00pm and Arts and Crafts from 3:00pm 4:00pm. -Scheduled for 8/24/16 were: Fancy Nails from 10:00am to 11:00am, Creative Hour from 1:00pm to 2:00pm and Sensory Therapy from 3:30 to 4:00pm. Observations in the Activity Room, dining room, and throughout the facility on 8/23/16 revealed: -At 10:00am, In Room Visits had not been provided as scheduled. -At 1:00pm, Bingo had not been provided as scheduled. -At 3:00pm, Arts and Crafts had not been provided as scheduled. -At approximately 4:00pm, a movie with popcorn had been provided for the residents. Observations in the Activity Room, dining room, and throughout the facility on 8/24/16 revealed: -At 10:00am, approximately a dozen residents had gathered in the Activity Room and when no staff person arrived, decided to do exercises. As they were getting in place, a Personal Care Aide (PCA) came in and said they were going to follow the schedule and do "Fancy Nails". -At 1:00pm, two staff and approximately five residents were in the dining room coloring with crayons and painting pictures. -At 3:30pm, Sensory Therapy had not been provided as scheduled. Interviews on 8/23/16 from 10:45am until 12:15pm and 8/24/16 from 3:10pm until 4:00pm	D 317		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/24/2016
NAME OF PROVIDER OR SUPPLIER ELKIN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 500 JOHNSON RIDGE ROAD ELKIN, NC 28621		
(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 317	Continued From page 2 with a total of fifteen residents revealed the following comments concerning activities: - "An activity calendar for August had been posted in the Activity Room but it was so small, it was hard to read." - "Activities on the schedule don't always happen because the Activity Director is taking residents to appointments every day." - "It is very disappointing when we are looking forward to an activity and it doesn't happen." - No one from the "front office" makes sure the activities are held. - Thirteen residents had a copy of the August calendar in their rooms. - One resident stated, "They have activities for anyone that wants to do one...movies, books, puzzles, and magazines." - Five said they could not see and/or hear well enough to participate in activities. - Seven stated they were not interested in participating. - All stated they liked to go out to eat or shopping at a local store but have not been in some time. - There used to be outings one to two times a week but not since around the first of the year. - Several stated they hadn't known there were outings until everyone was back. - Ten stated they wished they could play bingo more often. - "Sometimes there is preaching." - Five stated no one had asked them what type of activities they were interested in. - Five residents stated they sometimes watched one of the movies but couldn't eat the popcorn. - One female resident stated there are movies, "us old folks just don't want to see." - One resident stated he was not aware there was an Activity Calendar. - Two residents stated there had not been outings in a long time (8 months or so).	D 317		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/24/2016
NAME OF PROVIDER OR SUPPLIER ELKIN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 500 JOHNSON RIDGE ROAD ELKIN, NC 28621		
(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 317	Continued From page 3 -Several residents said they wanted to do more chair exercising. -Several residents wanted to walk around outside more. -Two stated there was not much happening, there had been no outings, so they stayed in their rooms and watched television. Interview on 8/23/16 at 3:00pm with a family member of one of the residents revealed: -She had never been asked what types of activities the resident enjoyed. -She felt the resident would participate in, and benefit from, a walking program. - "The Resident had not been on any outings because the facility does not offer them." Confidential interviews with five staff members revealed the following comments concerning activities: -The Activity Director is responsible for the activity program. -She used to be the back-up transportation person but is pretty much on the road every day now. -All available staff help get the residents wherever the activity is taking place. -They all assisted with activities as needed if resident care had been done. -There hasn't been outings "like there used to be." -The resident would go out to eat and go shopping and they loved it. -We hear the residents talking and know they are unhappy. Interview on 8/24/16 at 3:00pm with the Activities Director revealed: -She had been hired as the Activity Director and Transportation back-up driver in January 2016.	D 317		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/24/2016
NAME OF PROVIDER OR SUPPLIER ELKIN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 500 JOHNSON RIDGE ROAD ELKIN, NC 28621		
(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 317	Continued From page 4 -The Transportation position was currently vacant and had been for about 2 weeks. -She had been spending at least 50% of her time away from the facility doing transportation. -She stated residents had expressed their unhappiness that she was not in the building. -When she is away from the facility, the Personal Care Aides (PCAs), the Dietary manager, the Resident Care Coordinator (RCC), the Office Manager and some of the residents will run the activities. -She had not been at work on 8/23/16. Interview on 8/24/16 at 3:20pm with the Executive Director revealed: -The person who had been responsible for transporting the residents to doctor appointments etc., had been gone for about two weeks. -The duties of the Activity Director's included being the back-up person for transportation. -When she is away from the facility, the Personal Care Aides (PCAs), the Dietary manager, the Resident Care Coordinator (RCC), the Office Manager and some of the residents will run the activities. -She currently was looking for a new transportation person. -She would monitor the activities, when the Activity Director was out of the building, and assure they were taking place.	D 317		