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
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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 survey on 12/01/15 - 12/02/15.	D 000		
D 315	10A NCAC 13F .0905(a)(b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observation, interview, and review of the facility's activity calendar, the facility failed to develop a program of activities designed to promote the residents' active involvement. The findings are: Observation during tour of the facility starting at 8:30 a.m. on 12/01/15 revealed there was no activity calendar posted in the facility. Interview with the medication aide / nursing aide on 12/01/15 at 10:35 a.m. revealed: - She did not know if the facility had an activity calendar. - The residents go outside for walks sometimes. - They watch television in the living room and there are some magazines in the living room. - They have a fitness room in the office building next door but the residents do not use it because they are not physically able to use it.	D 315	In order to be in compliance with rule 10A NCAC 13.F .0905(a)(b), the facility Administrator will ensure the Activity director completes activity calendar monthly and post in large print in sunroom. The personal care staff will assist the activity director in conduct activities daily. The SIC will maintain a log of resident activity participation.	01/31/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carolyn Wheeler — TITLE: SIC — (X6) DATE: 12/28/15

* The plan of correction with addendum was approved on 1119/16. Refer to addendum on pages 2 and 6 of this Statement of Deficiencies.

W Williams 1/19/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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 315	Continued From page 1 - One of the residents has their own car and goes out on their own. - She was not aware of any outings with the other residents. Observation with the medication aide / nursing aide on 12/01/15 at 10:37 a.m. revealed: - She found an activity calendar posted on the wall in the staff office. - The calendar was for November 2015. Interview with the Supervisor on 12/01/15 at 12:20 p.m. revealed: - The activity calendar was usually posted in the living room. - She would find the December 2015 activity calendar. Interview with a resident on 12/01/15 at 9:30 a.m. revealed: - The facility is new and they do not have any activities yet. - The resident would like to play bingo. - The resident drives and also goes out with family and friends. Interview with a second resident on 12/02/15 at 8:30 a.m. revealed: - They do not have a lot of activities at the facility. - They watch television. - The resident gets bored. - The resident had not been to another building for activities. On 12/01/15 at 1:35 p.m., the Supervisor provided a December 2015 activity calendar to the surveyor that she got from the office building next door. Review of the December 2015 activity calendar	D 315	D315 Addendum per telephone with Ms. Carolyn Western on 1/19/16: Activity Calendar is posted by the 1st day of each month. It is posted on the wall in the front hall and in the Sunroom. The calendar has at Least 14 hours of planned activities each week and outings at least every other month. Residents are interviewed to determine preferences for activities. The Activity Director evaluates the activity program at least quarterly. Activity Supplies are maintained at the facility and are available for residents to use. Supervisor monitors at least weekly by observations, interviews, and review of activity logs to assure compliance. The facility implemented the activity program the week of 12/6/15. W. Williams 1/19/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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 315	Continued From page 2 revealed: - Activities listed on the calendar included: movie and popcorn, exercise, card and board games, baking activities, religious activities, arts and crafts, crossword puzzles, and sing along. - Each week averaged 14 to 16 hours of planned activities. - The activity listed for 12/01/15 was movie and popcorn 6:00 - 8:00 p.m. Interview with the personal care aide on 12/01/15 at 4:10 p.m. revealed: - They do not have any activities at the facility. - They have no activity supplies such as cards, board games, or arts and crafts. - She thought they were waiting to start activities until the facility next door opens and they have more residents. Observation of the facility on 12/02/15 at 8:30 a.m. revealed the December 2015 activity calendar was still not posted in the facility. Interview with two residents on 12/02/15 revealed they did not watch a movie or eat popcorn on the evening of 12/01/15. Interview with a medication aide / nursing aide on 12/02/15 at 9:50 a.m. revealed: - He had worked at the facility for about 2 months. - He usually worked from Friday night through Monday mornings. - He was not aware of an activity calendar at the facility. - He had not seen any activity supplies at the facility. - He would sometimes take residents for a walk if they were physically able. - He would bring his own cards and a checkers	D 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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 315	Continued From page 3 game and play with one of the residents. Telephone interview with the Administrator on 12/01/15 at 4:55 p.m. revealed: - There should be a monthly activity calendar posted in the facility. - She was not aware there was no activity calendar was posted. - They were currently working on growing their activity program. - They go on outings into the community. - They have activities available in the office building across the driveway to the facility. - They have an exercise room and a movie room in the office building that can be used by the residents. - They have an activity staff person who helps make the calendar but she was last at the facility about a month ago. - The activity staff person has not been active at the facility because they do not have a lot of residents currently. - The personal care aides on duty at the facility are currently responsible for working with the activities at the facility. - The activity staff person will start coming to the facility weekly. Interview with the Supervisor on 12/01/15 at 5:15 p.m. revealed: - This was a new facility and they have not been doing activities. - They do not have any activity supplies at the facility. - They were currently working on getting an activity program started at the facility. Observation with the Administrator of the office building across the driveway to the facility on 12/02/15 at 11:15 a.m. revealed:	D 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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 315	Continued From page 4 - There was a fitness room with exercise equipment, a library with books, and a movie room. - No other activity supplies were observed. Interview with the Administrator on 12/02/15 at 11:27 a.m. revealed: - She had found some activity supplies under the desk in the staff office of the facility. - These supplies could be used by staff for the residents. Observation of the bag with supplies on 12/02/15 at 11:27 a.m. revealed: - There were packs of magic markers, colored pencils, crayons, scissors, and one pack of notebook paper. - The packages did not appear to have been opened. Observation throughout the survey on 12/01/15 - 12/02/15: - No activities were observed to be done or offered in the facility. - The residents usually gathered in the living room and watched television and one resident looked at a magazine.	D 315		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled	D992	In order to be in compliance with rule G.S. 131D-45, the facility will conduct urine drug screening on potential employees prior to offer of employment. Documentation of drug screening results will be kept in individual employee files. The Administrator will monitor hiring process monthly by chart audit.	01/31/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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
D992	Continued From page 5 substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure examination and screening for the presence of controlled substances were performed for 2 of 3 staff (B, C) that were hired after 10/01/13. The findings are: 1. Review of Staff B's personnel file revealed: - The hire date for Staff B was 09/25/15. - Staff B was a personal care aide.	D992	D992 Addendum per telephone with Ms. Carolyn Western on 1/19/16: Supervisor reviewed all personnel files to assure documentation of urine drug screenings were on file as required. Urine drug screenings for Staff B & C were done by the second week of January 2016. The Supervisor is responsible for assuring drug screens are done as required. Administrator will monitor at least monthly for compliance. W. Williams 1/19/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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
D992	Continued From page 6 - There was a consent form for a urine drug screen signed by Staff B on 11/04/15. - There was no documentation of the urine controlled substance exam and screening being completed. Interview with Staff B on 12/02/15 at 10:00 a.m. revealed: - She started working at the facility in September 2015. - A family member was injured and she was out on leave for the month of October 2015. - She came back to work around November 10, 2015. - She signed a consent for the urine screening. - A urine sample had not been taken yet. - She did not know when the urine screening was going to be done. Refer to interview with the facility's Supervisor on 12/02/15 at 10:12 a.m. Refer to interview with the Administrator on 12/02/15 at 10:17 a.m. 2. Review of Staff C's personnel file revealed: - The hire date for Staff C was 10/23/15. - Staff C was a medication aide / nursing aide. - There was a consent form for a urine drug screen signed by Staff C on 10/26/15. - There was no documentation of the urine controlled substance exam and screening being completed. Interview with Staff C on 12/02/15 at 9:50 a.m. revealed: - He had worked at the facility for about 2 months. - He signed a consent for the urine screening. - A urine sample had not been taken yet.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(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
D992	Continued From page 7 - He did not know when the urine screening was going to be done. Refer to interview with the facility's Supervisor on 12/02/15 at 10:12 a.m. Refer to interview with the Administrator on 12/02/15 at 10:17 a.m. --- Interview with the facility's Supervisor on 12/02/15 at 10:12 a.m. revealed: - Staff were told to get a urine screening done. - She did not realize Staff B and Staff C had not done the urine screening. - They did not have a system to monitor to make sure the urine screenings were done. - She stated, "We dropped the ball". Interview with the Administrator on 12/02/15 at 10:17 a.m. revealed: - She was aware urine screenings were required as a condition of employment. - She had requested staff to get the urine screenings done. - She did not realize the urine screenings for Staff B and Staff C had not been done. - She would make sure the required urine screenings were done.	D992		