STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045113	A. BUILDING _____ B. WING _____	R 11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON'S ASSISTED LIVING	602 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

(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	(D 000)		

The Adult Care Licensure Section and the Henderson County Department of Social Services conducted a follow-up survey and complaint investigation on November 8, 2016 and November 9, 2016. Henderson County Department of Social Services initiated the complaint investigation on September 23, 2016.

(D 058) 10A NCAC 13F .0305(f)(6) Physical Environment (D 058)

10A NCAC 13F .0305 Physical Environment:
(f) The requirements for storage rooms and closets are:
(6) Storage for Resident's Articles. Some means for residents to lock personal articles within the home shall be provided; and

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to provide a lockable space for the security of personal articles for 9 of 19 residents interviewed living in the facility.

The findings are:

Interviews on 11/9/16 between 8:30am to 11:45am with 9 residents revealed:
-"I don't have a lockable space but I don't need it."
-"I haven't had one (a key) since last year."
-"I don't have a key, staff needs to get a lock."
-"I don't have a key, never had one."
-"I don't have a lockable space, never had lockable space."
-One resident stated "we aren't allowed to have locks".
-Two residents had a lockable space.
-"I was told I'd be given a key so I could lock this drawer (in the stand by the bed) but it never happened."

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE 1/20/2017

Reviewed and accepted 1/27/2017

Casey Fitzgerald

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045513	A. BUILDING: _____ B. WING _____	R 11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON'S ASSISTED LIVING	502 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

(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 056)	Continued From page 1	(D 056)		

-"I don't have a safe place to put any of my stuff so it won't get gone."

Observation on 11/9/16 of resident rooms revealed:
-Room 3 contained two residents, one had a lockable drawer with a key and the other resident did not have a lockable space.
-Room 8 contained two residents, both with lockable drawers but neither resident had a key.

-An interview with a Personal Care Aide (PCA) on 11/8/2016 at 1:15pm revealed the resident in Room 1 had asked her to keep the door closed due to things gone missing.

Interview on 11/9/16 at 11:10am with the Director revealed:
-He was responsible to assure residents had a lockable space.
-He had purchased locks for the resident's rooms, but was in the process of purchasing hasps to attach to the dresser and bedside stand drawers.

Cabinet locks have been installed on resident night stands of residents that requested lockable space. Extra locks have been purchased in the event a resident request lockable space and does not have it.
Completed on or before 1-31-2017

(D 131)	10A NCAC 13F .0406(a) Test For Tuberculosis	(D 131)	

10A NCAC 13F .0406 Test For Tuberculosis
(a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON'S ASSISTED LIVING	602 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

(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 131)	Continued From page 2	(D 131)		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to assure two contract employees had been tested for Tuberculosis (TB) disease in compliance with TB control measures (2-step Tuberculin skin testing) adopted by the Commission for Health Services prior to working in the facility.

The findings are:

Interview on 11/9/16 between 9:15am and 10:30am with 2 residents revealed:
-One resident stated the contracted workers who did lawn work and helped with repairs in the facility, would come into the facility to use the bathroom, get drinks from the kitchen and would talk to the residents.
-A second resident stated one of the contracted workers was "quite a talker" and liked to talk with the residents whenever he was in the building.

Interview on 11/9/16 at 11:30am with a facility director from a sister facility revealed:
-She was at the facility training the new director.
-The facility had a full-time maintenance employee.
-The administrator contracted with two people to do lawn care or when the facility maintenance staff required assistance with a particular repair.
-They were in the facility only when "a major project needed extra help".

Interview on 11/9/16 at 1:05pm with the facility maintenance staff revealed:
-If he is unable to address a maintenance issue by himself, he would call the administrator for assistance. The administrator would call the contract employees.

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(D 191)	Continued From page 3	(D 191)		

-The contract employees did the lawn care at the facility, electrical work when needed or they may repair a broken water pipe.
-He tried to get to all of the maintenance issues.
-He sometimes transported residents to appointments and the contract employees would have to be called to complete a task.
-The contract employees have had contact with the residents, they have spoken with them and they are always polite.
-One of the contract employees was in the facility about 4 days ago completing some painting projects.

Interview on 11/9/16 at 2:10pm with the Administrator revealed:
-There were two contract workers who worked at all of the company facilities on construction project and yard care.
-These workers were sometimes in the facilities but it would be for specific reasons and very sporadic.
-They could have, and probably have had, contact with residents but not of a physical nature.
-They had not been tested for tuberculosis disease.
-He could certainly make arrangements for both workers to be tested for tuberculosis disease.

Interviews on 11/8/16 at 2:50pm and 11/9/16 at 3:25pm with the facility Director revealed:
-He was hired on 10/19/16.
-The contract workers had been hired to work at the company facilities to do lawn care and to help with repairs within the various facilities.
-There were times when the contract workers were in the facility but not normally.

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	HA1045113	A. BUILDING: _____ B. WING: _____	R 11/09/2016

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(D 139)	Continued From page 4	(D 139)		
(D 139)	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40. *This Rule is not met as evidenced by:* Based on record reviews and interviews, the facility failed to conduct criminal background checks for two contract employees. The findings are: Interview on 11/9/16 at 11:30am with a facility director from a sister facility revealed: -She was at the facility training the new director. -The facility had a full-time maintenance employee. -The administrator contracted with two people to do lawn care or when the facility maintenance staff required assistance with a particular repair. -They were in the facility only when "a major project needed extra help." Interview on 11/9/16 at 1:05pm with the facility maintenance staff revealed: -If he is unable to address a maintenance issue by himself, he would call the administrator for assistance. The administrator would call the contract employees. -The contract employees did the lawn care at the facility, electrical work when needed or they may repair a broken water pipe. -He tried to get to all of the maintenance issues. -He sometimes transported residents to appointments and the contract employees would have to be called to complete a task. -The contract employees have had contact with	(D 139)		

Division of Health Service Regulation

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{D 139}	Continued From page 5 the residents, they have spoken with them and they are always polite. -One of the contract employees was in the facility about 4 days ago completing some painting projects. Interview on 11/9/16 at 2:10pm with the Administrator revealed: -There were two contract workers who worked at all of the company facilities on construction project and yard care. -These workers were sometimes in the facilities but it would be for specific reasons and very sporadic. -They could have, and probably have had, contact with residents but not of a physical nature. -Criminal background checks had not been done for these contract workers. -He could certainly make arrangements for criminal background checks to be completed for both workers. Interviews on 11/8/16 at 2:50pm and 11/9/16 at 3:25pm with the facility Director revealed: -He was hired on 10/19/16. -The contract workers had been hired to work at the company facilities to do lawn care and to help with repairs within the various facilities. -There were times when the contract workers were in the facility but not normally.	{D 139}	Administrator will have files put it each facility that contains tb skin test and criminal check reference. This will only be for these two contract laborers, because of there repeated use at the facilities. Files will not be kept with other employee files and must be asked for. Administrator worries about this, because contract labor is generally not asked to provide this information and worries about setting precedence. Completed on or before 1-31-2017	
{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.	{D 317}		

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(ID 317)	Continued From page 5	(ID 317)		

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 on 11/8/16 at 1:50pm revealed a November 2016 activity calendar had been posted on the bulletin board in the dining room.

Review of the November 2016 activity calendar for the week of 11/6/16 through 11/12/16 revealed:
-Everyday, Monday through Sunday, 7-7:30, hugs.
-Everyday, Monday through Sunday, 8-9, music.
-From 10-11 on 11/6, movies; on 11/7 and 11/9, "have you ever"; on 11/8, massages; on 11/10 and 11/11, crafts; on 11/12, resident's choice.
-From 3-4 on 11/6, chairs; on 11/7, manicures;

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(D 317)	Continued From page 7	(D 317)		

on 11/8, board games; on 11/9, pedicures; on 11/10 and 11/11, bible study; on 11/12, family visit
-Everyday, 6-7 news.

Observation on 11/8/16 from 8:15am to 10:00 am revealed bingo was being played in the dining room and nine residents participated in the activity.

Observation on 11/8/16 at 9:50am revealed there was no activity calendar posted on the designated bulletin board.

Observation on 11/8/16 from 8:15am to 4:00pm revealed bingo was the only activity observed.

Observation on 11/9/16 from 8:15am to 4:30pm revealed there were no activities had been observed.

Interviews on 11/8/16 from 9:00am to 11:20am with eleven residents revealed:
-One resident indicated bingo was played about once a month.
-Two residents said there were no activities.
-One resident said he was bored.
-One stated the (activities) calendar was posted just "for show".
-One said it would be nice just to get out and walk around the grounds to "get the blood stirring".
-One said residents just "sat around and watched television".
-One said bingo was being played because the surveyors were in the facility.
-One said it would be nice to play checkers.
-One stated the facility did not really present anything to help pass the time. Every day was the same.
-Another resident said he didn't fool with them (activities) because they were "childish".

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	HAL945113	A. BUILDING: _____ B. WING: _____	R 11/09/2016

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(D 317)	Continued From page 6	(D 317)		

Interview on 11/8/16 at 2:00pm with a Medication Aide (MA) revealed the Personal Care Aides (PCA) or MA's did the activities.

Interview on 11/8/16 at 3:40pm with a second MA revealed:
-"We work on activities, whoever is on with me".
-"We've done bingo, an ice cream social, arts and crafts".

Telephone interview on 11/9/16 at 9:45am with a resident's family member revealed:
-She visited at the facility about three times per month.
-"They don't really have activities there."
-She had seen bingo being played one time on a Sunday.

Interview on 11/8/16 at 10:20am with a PCA revealed:
-No one (residents) wanted to do the "have you ever" activity that was listed on the calendar.
-One resident had an exercise video that she would borrow and try to get residents more active.
-She had asked residents what activities they would like to do and they would tell her they "just wanted to sit here".

Telephone interview on 11/9/16 at 9:37am with an Activity Director (AD) from a sister facility revealed:
-She had recently been contacted to start being the AD at the facility.
-She was planning on being at the facility in November and December to meet with the residents and work with the facility staff.
-She intended to meet and talk to the residents, learn about their likes and dislikes and create an activities program based on the residents'

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(D 317)	Continued From page 9 preferences. Interview on 11/8/16 at 2:50pm with the Director revealed: -He was hired on 10/19/16 as the Director. -A new position had been approved and he planned on hiring a staff who would be responsible for transportation, activities and outings. -At this time until they hire a new staff the "PCA's do activities". -He intended to meet with the residents and discuss activities.	(D 317)		
(D 319)	10A NCAC 13F .0905 (f) Activities Program 10A NCAC 13F .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure that each resident had the opportunity to participate in at least one outing every other month. The findings are: Observation and review of the November 2016 activity calendar revealed there were no outings listed on the calendar.	(D 319)		

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(D 319)	Continued From page 10	(D 319)		

Interviews on 11/8/16 from 9:00am to 11:20am with ten residents revealed:
-Four residents stated there were no outings.
-Three resident stated they went out of the facility only when going to a medical appointment.
-Two residents said they were not sure where they would want to go, it just would be nice to get off campus.
-One resident said he would really like a cheeseburger from a local fast food establishment.

Interview on 11/8/16 at 2:00pm with a Medication Aide (MA) revealed most residents went out of the facility on outings "with family".

Telephone interview on 11/9/16 at 9:37am with the Activity Director revealed:
-The facility had a staff person "on-site" as the Activities Director.
-She had recently been contacted to start being the Activities Director at the facility.
-She was planning on being at the facility in November and December to meet with the residents and work with the facility staff.
-She intended to meet and talk to the residents, learn about their likes and dislikes and create an activities program based on the residents preferences.

Interview on 11/9/16 at 2:50pm with the Director revealed:
-There were between 4-6 residents that went on an outing "one time a week" to a local grocery store or general merchandise store.
-"There had been a stomach bug going around no one (residents) had been up to going out".
-He would like to take residents to a movie theatre.
-A new position had been approved and he

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(D 319)	Continued From page 11 planned on hiring a staff who would be responsible for transportation, activities and outings. -He intended to meet with the residents and discuss outings.	(D 319)	As with any new position, there is a learning curve. New director has been doing monthly activity calendars and ensuring that activities are being preformed. Our licensed activity director, Rebecca White, has been visiting facility monthly to oversee activity calender creation, until director is comfortable and then correspondence will be by phone. Completed on or before 1-31-2016	
(D 811)	G.S. 131D-21(1) Declaration of Residents' Rights	(D 811)		
	G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to treat residents with respect, dignity and full recognition of his or her individuality and the right to privacy related to the common bathroom door remaining open for two of two sampled residents (Resident #1 and Resident #4) who were in a wheelchair. The findings are: A. Review of Resident #1's current FL2 dated 7/12/16 revealed: -Diagnosis included hip fracture, right artificial hip joint, diabetes, edema and chronic pain. -Ambulatory status checked as semi-ambulatory, w/c (wheelchair). Review of Resident #1's current care plan dated 8/2/16 revealed: -Activities of daily living (ADL) listed toileting as needing limited assistance and ambulation/locomotion as independent. -Under the assessment section, #3			

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(D911)	Continued From page 12	(D911)		

ambulation/locomotion, ambulatory with aide or device was checked and "wheelchair" was handwritten in the device needed area.
-In the social/mental health history section, "Pt refuses to close door when using restroom".

Observation on 11/8/16 at 9:05am of Resident #1 revealed:
-He was sitting on the commode in the bathroom at the top of the hall nearest the dining area and living room.
-He had taken his wheelchair into the bathroom in order to transfer himself to the commode.
-The bathroom was short and narrow and consisted of a sink and a commode along the left wall and a tub across the end of the room.
-His wheelchair was in the bathroom and it prevented the door from being closed.
-Three female residents, two male residents and 3 female staff glanced in as they passed by the open door.

Interviews on 11/8/16 at 10:00am and 11/9/16 at 3:15pm with Resident #1 revealed:
-He was able to pivot and transfer himself from the bed to his wheelchair.
-He was unable to tolerate long term standing or sitting due to the pain in his hips and back.
-"I can't get in the bathroom with my (wheel)chair and it bothers me".
-The facility bathrooms were small but wheelchair accessible but once inside, the door could not be closed unless the wheelchair was removed.
-He needed his wheelchair with him so he could transfer himself onto the commode but he hated having the door open.
-He stated the staff would help him if he asked but he didn't want "to be waited on".

Interview on 11/8/16 at 3:55pm with Resident #1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045113	A. BUILDING: _____ B. WING _____	R 11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON'S ASSISTED LIVING	602 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

(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
(D911)	Continued From page 13	(D911)		

guardian revealed Resident #1 had complained about the bathroom "not having a door".

Refer to interview on 11/8/16 at 1:15pm with a personal care aide (PCA).

Refer to interview on 11/9/16 at 2:10pm with the facility Administrator.

Refer to interview on 11/9/16 at 2:55pm with four staff providing care for Resident #1 and Resident #4.

Refer to interview on 11/9/16 at 3:25pm with the facility Director.

B. Review of Resident #4's current FL2 dated 5/31/16 revealed:
-Diagnosis included diabetes and amputation of right leg below the knee.
-Ambulatory status checked as semi-ambulatory, w/c (wheelchair).

Review of Resident #4's current care plan dated 7/30/16 revealed:
-Activities of daily living (ADL) listed toileting and ambulation/locomotion as needing limited assistance.
-Under the assessment section, #3 ambulation/locomotion, ambulatory with aide or device was checked and "wheelchair"/amputation below the knee was handwritten in the device needed area.

Interview on 11/9/16 at 1:45pm with Resident #4 revealed:
-"I can't close any bathroom door with my wheelchair in there."
-It made her feel "self-conscious".

Every bathroom does have a door.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045113	A. BUILDING: _____ B. WING _____	R 11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON'S ASSISTED LIVING	502 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

(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
(D911)	Continued From page 14	(D911)		

Refer to interview on 11/8/16 at 1:15pm with a personal care aide (PCA).

Refer to interview on 11/9/16 at 2:10pm with the facility Administrator.

Refer to interview on 11/9/16 at 2:56pm with four staff providing care for Resident #1 and Resident #4.

Refer to interview on 11/9/16 at 3:25pm with the facility Director.

Interview on 11/8/16 at 1:15pm with a PCA revealed:
-"Residents use the bathroom with the door open."
-"I try to shut the door and they don't want you to take their wheelchair."

Interview on 11/9/16 at 2:10pm with the facility Administrator revealed:
-Because of the age of the building, the facility had been "grand-fathered in" regarding various state requirements.
-Construction had checked the bathrooms and found them to be "acceptable".
-The bathrooms were wheelchair accessible but unless the wheelchair was removed once the resident was on the commode, the door would not close.
-Because of the age of the building, they were limited in the modifications that could be made, including the plumbing.
-The bathroom commonly used by the wheelchair residents was at the top of the hall just off of the dining room and living room.
-Currently, they were considering placing a privacy curtain across that doorway.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045113	A. BUILDING: _____ B. WING _____	R 11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON'S ASSISTED LIVING	602 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

(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
(D911)	Continued From page 15 Interview on 11/9/16 at 2:55pm with four staff providing care for Resident #1 and Resident #4 revealed: -"They use the bathroom and sometimes let the staff shut the door." -"If they want the door left open, we stand backwards in the doorway so the residents going by can't see them on the potty." -Many of the other residents had seen them using the toilet. -"One resident is pretty independent and doesn't want the staff to help him." -Several thought putting up a privacy curtain would help. Interview on 11/9/16 at 3:26pm with the facility Director revealed: -He was hired on 10/19/16. -He had observed the wheelchair residents using the bathroom at the top of the hall near the dining and living rooms. -He had seen them sitting on the commode, unable to shut the door due to their wheelchair being in the way and it "really bothered" him. -He had instructed the staff to assist each of these residents to the bathroom, remove the wheelchair, close the door and wait outside for them to be done. -The staff were to then go in and assist them off of the commode etc., take in the wheelchair and assist them out of the bathroom. -He was planning on putting up some kind of a privacy curtain. -The staff had said the residents sometimes asked for the door to be left open and he instructed them to document that in the Resident's record.	(D911)	Privacy curtains will be installed on or before 1-31-2017 to assist a resident that wants extra privacy and prefers to have the bathroom door open. Staff have been instructed to offer assistance to residence that have been having these issues. Completed on or before 1-31-2017	