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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
	HAL045113	A. BUILDING: _____ B. WING _____	R 02/21/2018

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 The Adult Licensure Section and Henderson County Department of Social Services conducted an annual and follow-up survey and a complaint investigation on February 20 and 21, 2018.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure the floors in the dining area, the ceiling in resident room #6, and the paint on the doors to two common bathrooms and walls in resident rooms #7 and #1 were kept clean and in good repair. The findings are: 1. Observations during the facility tour on 2/20/18 from 9:30am to 10:00am revealed: -In the dining room from the entrance to the hallway to the exit door leading to the smoking porch the laminate flooring had lost its finish in numerous areas showing the white inside of the laminate in an approximate 8 ft. long by 2 1/2 ft. wide area. -In the dining room, at the resident table near the entrance to the kitchen the laminate had lots its finish in an approximate 3 ft. long by 2 ft. area in	D 074		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Director — (X6) DATE 4-15-18

Reviewed and accepted. BBoggs 4/27/18

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D 074	Continued From page 1 numerous areas showing the white inside of the laminate. -In the living room floor at the entrance to the hallway, the laminate flooring had lost its finish in numerous areas showing the white inside of the laminate in an approximate 5 ft. long by 4 ft. wide area. -In the living room, the laminate floor in front of the last three recliners on the right side had lost its finish in numerous areas showing the white inside of the laminate in an approximate 9 ft. long by 2 ft. wide area. Interview with a medication aide on 2/21/18 at 10:10am revealed the floors in the dining room and living room "weren't as bad when I first started, but they have gotten worse over the year that I have worked here." Interview with the Director on 2/21/18 at 10:30am revealed: -He was aware the laminate in the dining room and living room had lost its finish in some areas. -"Unfortunately, they don't make that brand of flooring anymore." -"It's not damaged. Just faded." -"We are looking at replacing the whole floor." 2. Observation of resident room #6 on 2/20/18 at 3:17pm revealed: -There was an approximate 3 ft. long by 2 ft. wide area of damage on the ceiling on the right side of the one window in the room. -The paint on the area was chipped away in a 5 in. long by 3 in. wide area at the center of the damage. -The paint around the area that was chipped was discolored yellowish brown in an approximate 1 ft. long by 6 in. wide area. -The damage appeared to be caused by	D 074	We have contacted a company and will be having floors Replaced By 7-31-18	

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D 074	Continued From page 2 moisture. Interview a resident who lived in room #6 on 2/20/18 at 319pm revealed: -"It was raining real hard and must have leaked on the ceiling." -"They tried to paint it and it just dripped down." -"Our former maintenance man tried to fix it." -The ceiling had been that way for "months." Interview with the Housekeeper on 2/21/18 at 9:50am revealed: -She cleaned resident room #6 "everyday." -She had never noticed the damaged area of ceiling in room #6. -She did not know how long it had been damaged. Interview with the Director on 2/21/18 at 10:30am revealed: -He was unaware of the damage to the ceiling in resident room #6. -"We've not had any leaks that we know of." -"I can go down there and touch it and see if its wet and see how recent it is." -"We have recently had some high winds and rain. Some shingles may have been blown off allowing a leak." 3. Observation of the common bathroom off the dining room on 2/20/18 at 11:45am revealed: -The white paint of the door to the bathroom was chipped and discolored gray in an approximate 1 ft. long by 3 ft. wide area at the bottom of the door. -The white paint was chipped revealing the black interior of the door in an approximate 5 in. long by 1/4 in. wide area on the edge of the door approximately 3 ft. up from the floor.	D 074	Ceiling has been replaced and leak has been fixed. Director will monitor on a weekly basis.	3-18-18

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D 074	Continued From page 3 Observation of the entrance door to resident room #1 on 2/21/18 at 9:41am revealed there was an approximate 6 in. long by 1/2 in. wide area at middle of the bottom of the door of the white paint that was discolored black. Observation of the entrance door to resident room #7 on 2/21/18 at 9:51am revealed there was an approximate 6 in. long by 2 in. wide area at middle of the bottom of the door of the white paint that was discolored gray. Observation of the common bathroom beside resident room #8 on 2/21/18 at 9:52am revealed: -The white paint of the door to the bathroom was chipped and discolored black in an approximate 1 ft. long by 2 ft. wide area at the bottom of the door. -The white paint was chipped revealing the black interior of the door in an approximate 2 1/2 ft. long area and 1/4 in. wide area on the edge of the door at the level of the oxygen sign on the door. Review of the facility Sanitation Report dated 7/20/17 revealed: -A sanitation score of 95.5. -A 2 point deduction documented for walls and ceilings cleanable, clean, and good repair. -"Touch up paint walls/ceilings in a few areas such as bathrooms." Interview with the Director on 2/21/18 at 10:30am revealed: -"That's a standard thing, wheelchairs scuffing walls and doors." -"We try to touch up the paint at least once a month." -"That first bathroom off the dining room is constantly being used. The paint has to be touched up often."	D 074		

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D 074	Continued From page 4 -We used to have a hard plastic piece installed at the bottom of the common bathroom door off the dining room to prevent wheelchair damage to the paint, but "residents would crack it and pull it off" so they removed it.	D 074	Doors will be Painted and trim replaced.	4-31-18
D 093	10A NCAC 13F .0306(b)(8) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide each bedroom with a light overhead of bed with a switch within reach of each person lying on bed or a lamp for 22 out of 26 residents. The findings are: Observations in the facility on 2/20/18 and 2/21/18 revealed: -Four residents resided in room #1, the overhead light switch was not accessible to either resident lying in bed, there were no lamps in the room. -Two residents resided in room #3, the overhead light switch was not accessible to either resident lying in bed, there were no lamps in the room. -Four residents resided in room #4, the overhead	D 093	To be monitored by Director and maintenance weekly.	

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D 093	Continued From page 5 light switch was not accessible to either resident lying in bed, there was one lamp in the room. -Four residents resided in room #5, the overhead light switch was not accessible to either resident lying in bed, there were no lamps in the room. -Two residents resided in room #6, the overhead light switch was not accessible to either resident lying in bed, there were no lamps in the room. -Two residents resided in room #7, the overhead light switch was not accessible to either resident lying in bed, there were no lamps in the room. -Two residents resided in room #8, the overhead light switch was not accessible to either resident lying in bed, there was one lamp in the room and it was not plugged in. -Three residents resided in room #9, the overhead light switch was not accessible to any of the residents lying in bed, there was one lamp in the room. Interview with one on 2/20/18 at 3:24pm revealed "I would like a lamp. I like to read." Random interviews with four additional residents on 2/20/18 revealed they would all like to have a bedside lamp. Interview with the Director on 2/21/18 at 10:30am revealed: -They had lamps "in storage." -"I only found seven yesterday." -The lamps are "now in the rooms." -"We put them in the building last night." -Electrical outlets were "limited" in the residents rooms. -They let the residents decide if they wanted to use their electrical outlet for their cable boxes or their lamps. -They had made surge protectors available to residents to help increase outlet capacity, but	D 093		

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HENDERSON'S ASSISTED LIVING	802 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

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D 093	Continued From page 6 surge protectors had to be used with caution and had a limit on how many and what type of devices that could be plugged into them.	D 093	Lamp's have been returned to residents. To be monitored by Director weekly.	4-31-18
D 150	10A NCAC 13F .0501 Personal Care Training And Competency 10A NCAC 13F .0501 Personal Care Training And Competency (a) An adult care home shall assure that staff who provide or directly supervise staff who provide personal care to residents successfully complete an 80-hour personal care training and competency evaluation program established by the Department. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. Copies of the 80-hour training and competency evaluation program are available at the cost of printing and mailing by contacting the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. (b) The facility shall assure that training specified in Paragraph (a) of this Rule is successfully completed within six months after hiring for staff hired after September 1, 2003. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure documentation for 3 of 3 sampled facility staff (Staff A, B, and C)) who provided personal care to residents, had successfully completed an 80 hour personal care training and competency evaluation program,	D 150		

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HENDERSON'S ASSISTED LIVING	502 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

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D 150	Continued From page 7 within 6 months after hire, established by the Department. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired on 12/5/16 as a Personal Care Aide (PCA) and then became a Medication Aide (MA) also on 1/27/17. -Staff A was checked off by a Registered Nurse for Licensed Health Professional Support tasks which included transferring and ambulation devices on 1/27/17. -There was no documentation that Staff A completed 80 hours personal care training or that she was a certified nursing assistant. Interview with Staff A on 2/20/18 at 2:00pm revealed: -She was trained and checked off by a nurse for transferring and ambulation devices. -A former PCA taught her how to assist residents with bathing and toileting. -She worked first shift as a MA/PCA. Refer to interview with the facility Director on 2/20/18 at 3:11pm. Refer to interview with 5 residents during the survey. 2. Review of Staff B's personnel record revealed: -Staff B was hired as a Personal Care Aide (PCA) on 3/6/17 and then also became a Medication Aide (MA) on 3/31/17. -Staff B was checked off by a Registered Nurse for Licensed Health Professional Support tasks which included transferring and ambulation devices on 3/31/17. -There was no documentation that Staff B	D 150		

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D 150	Continued From page 8 completed 80 hours personal care training or that he was a certified nursing assistant. Interview with Staff B on 2/20/18 at 3:25pm revealed: -He worked second shift as MA/PCA. -He had training in this facility for personal care tasks and had also completed some training on the "computer." -A nurse observed and checked him off for tasks of transferring, ambulation, toileting, and providing assistance with bathing. -He did not remember what nurse had checked him off for those tasks. -He was comfortable with his level of training working in this facility but planned to attend a local college to become a certified medical assistant. Refer to interview with the facility Director on 2/20/18 at 3:11pm. Refer to interview with 5 residents during the survey. 3. Review of Staff C's personnel record revealed: -Staff C was hired as a Personal Care Aide (PCA) 3/30/17 and then became a Medication Aide (MA) also on 11/16/17. -Staff C was checked off by a Registered Nurse for Licensed Health Professional Support tasks which included transferring and ambulation devices on 11/16/17 . -There was no documentation that Staff C completed 80 hours personal care training or that she was a certified nursing assistant. Telephone interview with Staff C on 2/21/18 at 1:30pm revealed: -She worked second shift as a MA/PCA.	D 150	All staff is going to attend beginning training. 4-11-18 Director will monitor on a monthly basis.	

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D 150	Continued From page 9 -She received personal care training by a former staff who was a certified nursing assistant. -She had also been checked off by a Registered Nurse for transferring and ambulation. -She felt like she did not need any more personal care training to assist the current resident population. Attempted telephone interview with the Administrator on 2/21/18 at 2:11pm was unsuccessful. Refer to Interview with the facility Director on 2/20/18 at 3:11pm. Refer to the interview with 5 residents during the survey on 2/20/18 and 2/21/18. Interview with the facility Director on 2/20/18 at 3:11pm revealed: -It had been very difficult locating a trainer in the area to provide the 80 hours personal care training for his staff. -He contacted a nurse and their pharmacy provider back in December 2017, but they could not provide the 80 hours training. -He finally found a Registered Nurse who would start a 6 weeks personal care training at the beginning of April 2018, which was the earliest she could start the classes. -The Registered Nurse had not let him know the exact date the classes would begin. -He had also contacted the local Department of Social Service for resources in an attempt to locate a trainer. Interview with five residents during the survey on 2/20/18 and 2/21/18 with 3 residents who required assisted with showers and 2 residents who required assistance with transferring and	D 150		

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D 150	Continued From page 10 toileting revealed they had no concerns with the assistance the staff had provided to them.	D 150		
D 169	10A NCAC 13F .0509 Food Service Orientation 10A NCAC 13F .0509 Food Service Orientation The adult care home staff person in charge of the preparation and serving of food shall complete a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 1, 2004. Registered dietitians are exempt from this orientation. The orientation program is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or it is available at the cost of printing and mailing from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure the staff person in charge of the preparation and serving of food (the facility Director) had completed a food service orientation program established by the Department or an equivalent with 30 days of hire for those staff hired on or after July 2, 2004. The findings are: Review of the facility Director's personnel file revealed: -A hire date of 10/19/16 as facility Director. -No documentation that he completed the food service orientation training. Interview with the facility Director on 2/21/18 at 2:12pm revealed:	D 169		

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D 169	Continued From page 11 -He was in charge of food service and ordered all the food. -He had not completed the food service orientation training. -He would make sure he completed the the food service orientation training as soon as possible. Refer to Tag 310, 10A NCAC 13F .0904(e)(4).	D 169	Food service orientation is to be completed by the director To be monitored by owner.	4-3t-18
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 2 of 2 diabetic residents (#3, and #4) sampled were served a No Concentrated Sweets diet per the physician orders. The findings are: 1. Review of Resident #3's current FL2 dated 11/22/17 revealed: -Diagnosis included diabetes and hypertension. -A physician order for a Regular No Concentrated Sweets (NCS) diet. Review of the facility therapeutic diet list revealed Resident #3 was on a Low Concentrated Sweets (LCS) diet.	D 310		

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D 310	Continued From page 12 Review of the facility menus revealed: -They did not have a LCS menu. -The NCS menu for lunch on 2/20/18 revealed items to be served were beef stew, biscuits, snap peas, reduced calorie vanilla pudding, and tea. Observation of the noon meal on 2/20/18 at 11:30am revealed Resident #3 was served Salisbury steak with gravy, mashed potatoes, carrots, biscuit, 1 and 1/2 by 3 slice of white cake with a thin layer of chocolate pudding on top and sweetened Kool-aide. Interview with Cook #1 on 2/20/18 at 11:45am revealed: -He started working as cook "about 2 weeks ago." -The other cook, Cook #2 trained him. -The white cake was sugar free with sugar free chocolate pudding on top. -The Kool-aide was sugar free. Observation of the white cake mix bag and the Kool-aide bag revealed they were sweetened with sugar. Observation of the noon meal on 2/21/18 at 11:30am revealed Resident #3 did not come to the dining room. Interview with Resident #3 on 2/22/18 at 11:36am: -She did not feel well and did not want any lunch. -She was served some sugar free foods at meal time but sometimes did not know if desserts were sugar free. Review of Resident #3's February 2018 electronic Medication Administration Records revealed her FSBSs which were taken daily from 8:00 am to 9:00am ranged from 103 to 222.	D 310	Cooks have been retained for proper diet management and 3-13-18 NCS diet put in place. To be monitored by Director daily.	

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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 02/21/2018

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 310	Continued From page 13 Refer to interview with the facility Director on 2/21/18 at 2:12pm. 2. Review of Resident #4's current FL2 dated 1/23/18 revealed: -Diagnosis included diabetes type 2. -A physician order for a Regular No Concentrated Sweets (NCS) diet. Review of Resident #4's Resident Register revealed he was admitted to the facility on 2/6/17. Review of the facility therapeutic diet list revealed Resident #4 was on a Low Concentrated Sweets (LCS) diet. Review of the facility menus revealed: -They did not have a LCS menu. -The NCS menu for lunch on 2/20/18 revealed items to be served were beef stew, biscuits, snap peas, reduced calorie vanilla pudding, and tea. Observation of the noon meal on 2/20/18 at 11:30am revealed Resident #4 was served Salisbury steak in gravy, mashed potatoes, carrots, biscuit, 1 and 1/2 by 3 piece of white cake with a thin layer of chocolate pudding on top, and milk. Interview with Cook #1 on 2/20/18 at 11:45am revealed: -He started working as cook "about 2 weeks ago." -The other cook, Cook #2 trained him. -The white cake was sugar free with sugar free chocolate pudding on top. -He had substituted the Salisbury steak and carrots for the stew beef and snap peas. Observation of the white cake mix bag which the	D 310		

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D 310	Continued From page 14 cook stated he had used for the cake revealed it was not sugar free and sugar was the second ingredient in the mix. Review of the facility lunch menus for 2/21/18 revealed: -The menu for residents on a Regular diet were to be served macaroni and cheese with ham pieces, collard greens, and tea. -The NCS menu revealed a 3 ounce slice of ham, collard greens, sugar free chocolate pudding, and tea was to be served. Observation of the noon meal on 2/21/18 at 11:30am revealed Resident #4 was served macaroni and cheese with chopped turkey mixed in, collard greens, sugar free pudding, and sweetened tea. Interview with Cook #2 on 2/21/18 at 1:50pm revealed: -He had worked there for 4 years. -He had been trained by a lot of different staff. -He cooked the lunch meal on 2/21/18. -He just missed seeing that ham should have been served to residents on a NCS diet in place of the macaroni and cheese with ham. -He had substituted turkey for the ham in the macaroni and cheese. Interview with Resident #4 on 2/20/18 at 9:45am revealed: -He was diabetic and on a diabetic diet. -He was served sugar free foods at meal times. Review of Resident #4's February 2018 electronic Medication Administration Records revealed his FSBSs were taken 3 times per week and ranged from 81 to 130.	D 310		

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D 310	Continued From page 15 Attempted telephone interview with the Administrator on 2/21/18 at 2:11pm was not successful. Refer to interview with the facility Director on 2/21/18 at 2:12pm. Interview with the facility Director on 2/21/18 at 2:12pm revealed: -He was in charge of food service and ordered all the food. -He had not completed the food service orientation training. -Cook #1 and Cook #2 had not completed the food service orientation training. -Cook #1 was trained by Cook #2 and by him one day when Cook #1 first came to work. -Cook #2 was trained by a previous cook which was before the Director worked in this facility. -He will make sure he and all the dietary staff complete the food service orientation training and assure all the dietary staff are trained on the therapeutic menus. -He did not know why the therapeutic diet list had Resident #3 and #4 on a LCS diet in place of a NCS diet.	D 310	Cooks have been retrained to use Proper NCS Diet along with other Nutritional and Dietary requirements. To Be monitored by Administrator on a Quarterly Basis.	3-19-18
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	D 317		

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D 317	Continued From page 16 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 14 hours of planned group activities per 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 2/20/18 at 10:00am revealed a February 2018 activity calendar had been posted on the bulletin board in the dining room. Review of the February 2018 from 2/18/18/ through 2/24/18 revealed: -No time frames were documented on the activity calendar. -Praise and worship on 2/18. -Monopoly and Monday night wrestling on 2/19. -Arts and craft on 2/20. -Resident council on 2/21/18. -Puzzles and salsa night 2/22/18. -Monthly birthday party on 2/23/18. -Trivial pursuit and resident choice on 2/24. Interview with the facility Director on 2/21/18 at 2:12pm revealed: -They had an Activity Director who worked at 2	D 317	Activity Times and Schedules have been posted. Variety of activities have been repurchased. To be monitored monthly By activity Director	4-31-18

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D 317	Continued From page 17 other facilities and rotated visiting each facility. -He did not have any documentation from the Activity Director when she was in the building. -It was his fault the activities did not have times on them because the Activity Director sent him the calendar without the times and he was supposed to enter the times. -They did not have any documentation of activities offered or implemented. Observation on 2/21/18 at 1:30pm until 3:00pm revealed: -Bingo was offered by facility staff. -Five residents participated in the bingo. Observation on 2/20/18 at 10:25am revealed a non-profit group of 3 guests came in the morning and sang for approximately 15 minutes in the living room for the residents. Observation on 2/20/18 at 2:00pm revealed the first shift Personal Care Aide played Bingo with 5 residents for 1 hour. Observation on 2/21/18 at 10:15 revealed a guest came in and sang and played the guitar in the living room for the residents. Interviews on 2/20/18 and 2/21/18 with six residents revealed: "There are no activities. I do a lot of things by myself." -"I would like one on one activities." -"I don't like bingo because I don't believe in rewards." -There are not enough activities. -One resident stated he liked dancing but could not say if the facility had offered any dancing. -The facility offered bingo as an activity. -The residents were able to play bingo "whenever	D 317		

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D 317	Continued From page 18 they want to." Interview with a Medication Aide on 2/21/18 at 10:10am revealed: -"We do two activities a day." -Activities offered included: board games, card games, bingo, and arts and crafts. -A monthly birthday party was held to celebrate resident birthdays that fell within that month. -"We play toss in the living room." -"We have soft balls to toss back and forth." -"They have resident choice and most of the time they choose to play bingo." -"We have prizes sometimes for bingo."	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 February 2017 activity calendar revealed there were no outings listed on the calendar.	D 319		

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D 319	Continued From page 19 Interview with the facility Director on 2/21/18 at 2:12pm revealed: -He offered outings twice monthly to visit local stores, but sometimes residents did not want to go. -He did not have any system of asking each resident individually if they wanted to go on an outing and he did not keep any records which residents went on outings. -The facility van held 6 residents and they currently had a census of 26 residents. -He had not offered any outings for residents who had no money to go shopping. -He had discussed with his regional supervisor about having a picnic and transporting 6 residents in a van, 4 residents in a car and making 2 or 3 trips if all the residents wanted to go. -He had not been entering outings on the calendar just asking residents verbally when he was ready to go. -He would write the outings on the calendar in the future. Interview with one resident on 2/20/18 at 9:50am revealed: -Outings were not offered to the resident. -The resident could not remember the last time they had been on an outing. -"I never do." Interview with a second resident on 2/20/18 at 2:15pm revealed: -The resident had lived in the facility for about 6 months. -The resident did not remember ever going out on an outing while living in the facility. Interview with a third resident on 2/21/18 at 1:34pm revealed: -"I go to the [discount store across the street or	D 319		

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D 319	Continued From page 20 another local discount store] once a month when I get paid to buy soap and lighters." -A family member "takes me out on holidays." Interviews on 2/20/18 and 2/21/8 from 9:00am to 3:00pm with 3 residents revealed: -One resident said he did not remember ever going on any outings and he had not asked any staff to take him anywhere. -One residents she hires a private individual to take her shopping and facility staff have not asked her if she wanted to go shopping. -One resident said she did not have any money to go shopping and had never been on an outing and could not remember any activity in the last "thousand years." Interview with a Medication Aide on 2/21/18 at 10:10am concerning outings revealed: -"We have a resident who lives in an independent unit" out behind the facility. -When the resident's here "get paid he will take them to [a local discount store]." -"We have some residents that go to the flea market" with the resident from the independent unit. -"We will do walks outside for the residents that can walk." Interview with the Director on 2/21/18 at 10:30am revealed: -"We usually go to the [local discount store]" located across the street from the facility. -The facility staff took residents to a larger local discount store and a local grocery store "once or twice a month." -"We have resident council meeting today to decide where they want to go this month." - Since the local discount store across the street opened up, "we go there a lot."	D 319		

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D 319	Continued From page 21 -"A gentleman" from the independent living unit behind the facility also took residents on outings. -Only residents that were "able to sign themselves out" were allowed to go in the car with the resident from independent living. -The gentleman was not a paid employee of the facility.	D 319	Outings have been Purchased on a Bi weekly Schedule. To be monitored by administrator monthly	3-19-18